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Original Lectures.

LECTURES ON DISEASES OF THE NERVOUS SYSTEM,

DELIVERED AT THE UNIVERSITY MEDICAL COLLEGE.

BY

M. GONZALEZ ECHEVERRIA, M.D.,

OF PARIS,

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LECTURE I.

GENTLEMEN: In nervous, as in all other diseases, there is a cause giving rise to a modification, in some cases impossible to detect, but always expressed by the symptoms. It is upon these latter that I propose specially to dwell in these lectures. Confusion in pathology of the nervous system depends a great deal on the apparent similitude of so many distinct affections conducing to erroneous diagnosis and overrated treatment, and consequently creating the belief that all is mystery with regard to those affections, and that science is but little advanced on the subject. Happily such is not the case: all is not done, but still there has been progress achieved and considerable change made in the treatment of nervous diseases. Physiology constantly throws new light on the functions of the nervous system, explains what occurs in the pathological state, and symptoms once well understood lead to rational and successful treatment.

It may be well to make some physiological remarks before entering upon pathological details. A central part, the encephalon and the spinal cord, and a peripheric one, the nerves, compose the nervous system, having altogether under its influence functions of sensibility, motricity, and nutrition. Its integrity is requisite to normal exercise in each of these functions, and to each pathological state correspond changes either in the centre or in the peripheric parts. Normal sensibility involves: a faculty of receiving the impressions or *impressibility*—transmission through a nerve; and *perceptivity*, or faculty of perception proper to the encephalon.

Motricity cannot exist without: 1st, An incitation, probably taking place in the grey matter of the centres (encephalon, spinal cord, ganglia), and which may also exist in some of the nerves; 2d, A transmission through nervous channels; and 3d, A contraction produced in the organs. There are two kinds of motricity—the voluntary and the involuntary, or of organic life. If the mode of innervation controlling nutrition is *analysed*, it shows an impression and its transmission without any perception whatever, or rather one reduced to involuntary motricity; it being understood, of course, that this allusion is made entirely to reflex actions. If any of the different acts above mentioned be lost or altered, the corresponding function becomes impaired. Let, then, each of these pathological states at once be separately examined. Loss of sensibility or of movement constitutes *paralysis*, and it may be *complete* or *incomplete*, *general* or *partial*; the latter comprehending *hemiplegia*, or paralysis in one side of the body, and *paraplegia*, or palsy of the lower extremities. There is also a local paralysis, generally due to pressure or injury upon a nerve. Loss of sensibility is called *anæsthesia*, the contrary to *hyperæsthesia* or exaggerated sensibility. Both coexist with loss of movement, and the former, as stated by Dr. Brown-Séquard, is never alone in spinal diseases, and is in such cases a symptom of alteration in the grey matter.

What is already advanced in relation to sensibility refers to general sensibility, and under that head are embraced—*tactile sensibility*, *that of temperature*, *painful impressions*, and *muscular activity*. They may or may not be affected separately from each other. The loss of painful sensations is called *analgesia*, first described by Dr. Beau, and in most cases accompanied by anæsthesia of the touch, both being frequent symptoms in the numerous affections classed under the title of neurosis. Analgesia must, however, be considered as a sign of profound derangement in the nervous system; it is a common symptom in the advanced stages of ataxic fevers; in typhoid it lasts with the disease and even during convalescence. It may be observed in nervous delirium after surgical operations or serious wounds; in insanity, hypochondria, dyspepsia, anæmia, intoxication by lead, in various cachexiæ, and even after neuralgia. Anæsthesia is very seldom general; it frequently appears under hemiplegic or local forms, and with diminished temperature in the affected parts. What has just been said about analgesia is likewise applicable to this pathological state. Organic derangements in the nervous centres, neurosis, chlorosis, anæmia, albuminuria, diphtheria, typhoid fever, dyspepsia, various cachexiæ, and intoxication, may produce anæsthesia. Dr. Tuerk, of Vienna, has observed that apoplexy and softening in or near the optic thalami, determine marked anæsthesia in the opposite side of the body, appearing as if it were a peculiar relation between these morbid sources and hemiplegic anæsthesia.

Artificial anæsthesia by Dr. Jackson of Boston, is one of the greatest improvements achieved in modern medicine. Ether and chloroform were formerly employed for such an important purpose, but recently that singular state of *hypnotism* discovered and so much studied by Braid, has increased the number of anæsthetic means. Indeed, insensibility is produced after hypnotism, as observed not only by Braid, but also by Carpenter, Todd, Azam, Velpeau, Follin, Broca, and other surgeons; but up to the present time the effect has been very uncertain and limited, and therefore inferior to that of ether and chloroform. The same opinion may be expressed with regard to local anæsthesia, tried extensively by Aran and Hardy of Dublin, and only successful when the agent was applied to the mucous membranes or to the bare dermis. Dr. Guersant, of the Children's Hospital in Paris, has observed that ten grains of bromide of potassium taken *fracta dosis* during the day, bring on a state of anæsthesia more or less complete in the neck and pharynx, which may be taken advantage of in cases of children requiring the performance of operations in those organs, and more especially in that of staphyloraphia.

The *sense of muscular activity* was demonstrated and its paralysis first studied by Dr. Landry of Paris. Ideas of form, dimension, weight, consistence, and the various attitudes of the human body, are performed by that sense, altogether different from motricity. This and nutrition are impaired only in advanced paralysis of the former. Irregularity in the movements, with no co-ordination whatever, and the necessity of looking at the limbs for the purpose of moving them, are the principal features of this peculiar disease—chronic in its character, and progressive in its march. Occasionally the affection appears in the extremities and extends towards the trunk, being always in its last stage accompanied by vertigo, amaurosis, anæsthesia, and paralysis of movement. But a very few post-mortem examinations have been made, so that the causes of this paralysis remain undecided. Dr. Landry once found an induration in the posterior columns and in the close grey matter of the spinal cord; but in other cases no material alteration has been detected. It may be that hereditary influence is among the causes. An opportunity not long since was presented to me of observing the case of two adult brothers laboring under this affection, which had originally appeared in their youth. The elder was an instance of a general advanced state of paralysis; most of the muscles were atrophied after long inactivity, the trunk was bent like an arch from its own weight, he had no power to move his limbs, and occasionally cramps in their muscles. The younger brother was affected in a less degree, the disease existing in the lower limbs. Neither presented troubles of the

digestive organs, and the generative functions of the latter were not particularly altered.

After treating of diminished sensibility, I pass to the contrary state, hyperæsthesia, always accompanied by increased temperature. It seldom appears under hemiplegic forms, and frequently, as remarked before, coexists with loss of movement, which generally follows it as well as anæsthesia. Hyperæsthesia may exist superficially or deeply, and its characteristic feature is that it never remains localized. It is a proved fact, by physiological experiments and pathological cases, that alteration or injury to the cerebellum or to the posterior columns of the spinal cord produce hyperæsthesia in the corresponding side of the body and anæsthesia in the opposite. The alteration in the posterior columns must not be extensive, as otherwise there may be a loss, more or less complete, of their faculty of reflex action devolving on the posterior columns.

Superficial hyperæsthesia is a common symptom in hysteria: the sensible spots in the skin and joints of hysterical women are nothing but hyperæsthesia limited to a local sensitive nerve. In spinal irritation, general impressibility is increased to a high degree, hyperæsthesia existing then even in nerves of special sensibility. Deep hyperæsthesia is observed in the beginning of eruptive and ataxic fevers causing pain in the limbs and loins, during cholera, and especially in hysteria.

As regards alteration in motricity, it should be remarked that paralysis of movement affects the same forms as that of sensibility; therefore, the important point to be examined is, whether there be any relation between the seat of the paralysis and its morbid source in the nervous centres. It would be diverging too much from the subject under consideration to enter into physiological details concerning the structure of the latter. Let it be borne in mind that the spinal cord is the place of decussation for sensitive impressions, and the lower part of the medulla oblongata (the pyramids) that of voluntary motor conductors. Therefore, alterations or injury in a lateral part of the spinal cord will be followed by paralysis of movement and hyperæsthesia in the same side, and loss of sensibility in the opposite. In the lower part of the medulla oblongata there will be the same symptoms as regards sensibility, with paralysis of movement in both sides. Above the pyramids hyperæsthesia will be in the side of the alteration, with loss of sensibility and movement in the opposite. In alternate hemiplegia, when there is paralysis in the side of the face contrary to that affected in the body, the lesion exists always in the pons varolii, and principally in the opposite side to the palsied limbs, as confirmed by Gubler and other physicians. In another lecture I will consider the important question of convulsions and their semeiological value. I will not enter very elaborately into what concerns troubles in the function of nutrition devolved on the sympathetic nerves. Dilatation in the capillary vessels, and after it increased heat in the organs, are signs of paralysis in these nerves. Their irritation produces contraction in the vessels, diminution of blood, and coldness. It would be impossible to observe derangements in sympathetic nerves not interfering with any of the other nervous functions. Indeed, it seems as though the connexion between the functions of nutrition and those of sensibility and motricity was greater than that existing between each of the latter. So it is that atrophy always comes after paralysis, either of sensibility or movement, and that disorders of secretion and absorption are necessary consequences of irritation in either of those functions.

Hitherto it has been only a question of organic alteration deranging the integrity of the nervous system; but on the next occasion I shall have to study that peculiar and important kind of reflex paralysis due to peripheric irritations without material change in the nervous centres. I now proceed to examine the semeiological value of the various kinds of paralysis; and I do so because paralysis is not a morbid entity, but a symptom of several morbid states, which, however, leads to certain diagnosis.

Marshall Hall imagined a distinction between cerebral and spinal paralysis. According to his theory, in the former no influence of the brain, no spontaneous or voluntary motion is observed, but muscular irritability is augmented, the brain no longer being its exhauster through acts of volition. In spinal paralysis, on the contrary, the influence of the spinal cord is removed, and there is little or no muscular irritability at all, the spinal cord being the special source of muscular irritability and contractions. It must be added, that Marshall Hall employed electricity to determine the state of muscular irritability, and that his theory has been successfully opposed by Pereira, Copland, Todd, Duchenne de Boulogne, and latterly by Althaus, whose observations coincide with those of Todd, mentioned in the three following classes. In some of the cases there was increased muscular irritability coexisting with rigidity in the muscles of the palsied limbs. In another class there was little or no contraction at all, the muscles being atrophied; and in a last class, corresponding to cases of apoplexy in healthy adults, there was no change between the contraction of the healthy and the paralysed muscles.

Notwithstanding the correctness of the above facts, it appears certain from interesting researches made by Dr. Brown-Séquard, "that muscular irritability never entirely disappears in parts deprived only of the cerebral action, and that the absence of reflex actions as a means of diagnosis between the cerebral and the spinal paralysis, has a much greater value than the degree of muscular irritability."

General paralysis is not a common symptom; it appears especially after commotion in the brain attaining the voluntary muscles—at once distinguishing itself from syncope or paralysis in the muscles of organic life. General paralysis, if a long time persistent, is followed by asphyxia after paralysis in the muscles of the throat, but ordinarily the brain recovers its influence—and motricity is regained. General paralysis is a most valuable symptom of commotion in the brain; when accompanied by delirium, it shows that inflammation takes place in the brain and is a sign of extreme gravity. In simple concussion of the brain, it will be observed that paralysis does not immediately follow, but appears soon after, and is never general. If due to eclampsia, general paralysis is preceded by convulsions in all the body, and a series of symptoms impossible to mistake.

Fulminant apoplexy very seldom occasions general paralysis. If the hemorrhage is considerable in the base of the encephalon and specially located in the pons varolii, and in the ventricles, there is general paralysis; excepting in this case, cerebral hemorrhage is always accompanied by hemiplegia. If blood is effused in the ventricles or in the cavities of the arachnoids, a contraction in the palsied limbs will be constantly observed.

There is a peculiar kind of general paralysis attending insanity which is very easily distinguished. It never has a sudden commencement; it begins with a loss of power over the co-ordination of muscular action and in the generative functions, anæsthesia more or less complete, loss of excito-motory sensibility, tremor of the lips, difficulty in protrusion of the tongue, and speech always thick and sometimes modified to only a few words. The legs lose their power before the arms, and walking is without consentaneous action. The mind becomes impaired from the beginning or after mania, seldom of furious character; sometimes there is dementia, and these disorders are marked symptoms at an early stage. In the latter period paralysis extends itself to the muscles of organic life, digestion is troubled, power over the sphincter lost, contractility in the iris is imperfect, there are sloughs on the sacrum, nates, and even on the tongue, and the patient ultimately dies, sometimes suddenly choked whilst taking food, which he cannot swallow. At post-mortem examination, with the disease is found a variable degree of alteration in the encephalon, being frequently a softening in the grey matter, the white remaining infiltrated with blood or serosity.

The relations have been exposed between the side of the

paralysis and the seat of alteration in the nervous system; therefore their repetition will be avoided in establishing the diagnostic value of hemiplegia. Mention has, a moment since, been made of hemiplegia as a symptom of cerebral hemorrhage, but it may likewise exist after concussion or softening of the brain, after fractures or external violences of the skull, in cases of tumor in the brain, and without any lesion whatever in the nervous centre. To this latter case reference will be made when speaking of reflex paralysis.

Hemorrhage in the brain, not occasioned by external violence or fracture, is always a consequence of cerebral congestion. Under these circumstances the paralysis may appear in one side of the body or face, or simply in one of the limbs. At other times in its stead convulsive movements are observed in those different parts. But the cerebral congestion causing the preceding states should always be manifested. A sudden loss of intelligence, of movement and sensibility, with rough breathing, quick and hard pulse, dilatation of the pupils, paralysis of the sphincters, and therefore, unconscious passing of urine and fæces, such are the striking symptoms of congestion of the brain. It is not uncommon to observe this state followed by powerful convulsions and profuse perspiration all over the body, together with quickness of pulse and breathing. It may happen, in consequence of the extent of the congestion, that the paralysis attending it interferes with only one of the nervous functions; but the former symptoms once subsided, be sure that hemiplegia with a variable degree of trouble in speech, is a pathognomonic sign either of localized inflammatory congestion in the opposite side of the encephalon, or existence of a clot in the same place. In this latter instance it will often be remarked, in the beginning of the paralysis, that the limbs affected are loose and relaxed, and that afterwards they exhibit a rigidity frequently almost tetanic. This rigidity may be produced after irritative incitation by the cicatrising or rather disappearing clot, or likewise after chronic inflammation in the morbid parts. Contraction, therefore, in hemiplegia attending cerebral hemorrhage must be carefully cared for; and if whilst standing there be a loss of consentaneous action in the muscles, and the mind becomes irritable and impaired, it is certain that inflammation is produced in the brain.

Hemorrhage, nevertheless, may be considerable in the brain without any symptoms whatever of paralysis. In April, 1859, Dr. Marjolin presented to the Chirurgical Society of Paris the case of a girl who died two weeks after suffering a fall from no great height. Inflammation in one foot and doubtful symptoms of purulent, or rather of typhoid fever, with intermittent subdelirium, succeeded the accident. There was no contraction or paralysis in any of the limbs, and the mind remained perfectly sound during the lucid moments. At the post-mortem examination there was found a considerable effusion of blood in the ventricles and in the substance of the brain, softened and infiltrated with pus around the hemorrhage, presenting all the characters of a traumatic one. This is not the only instance of destruction of the brain unattended by paralysis; others are reported in science, and the same Dr. Marjolin observed in a man a case similar to the above. A hard blow on the skull produced instantaneous loss of consciousness, but the subject recovered himself in a moment and continued perfectly well, attending to his business—dying, however, a month later, after having for some time previously simply complained of headache. The autopsy disclosed the existence of a fracture of the skull, with a piece of bone and portions of the dura mater penetrating into the left ventricle, and a purulent softening in the middle part of the left cerebral hemisphere. The late learned physiologist, Berard, saw a man living two days, with perfect intelligence and memory, notwithstanding the brain had been considerably destroyed by the explosion of a mine. I had myself the occasion of seeing, about two years ago, a patient at the clinic of the celebrated Dr. Bouisson of Montpellier. The man had a cancroid in the left side of the forehead, which destroyed, after the integuments and bone, a considerable portion of the left anterior cerebral hemisphere. The brain laid bare, its movements were apparent; and notwithstanding the injury sustained, the intellectual faculties, as I witnessed myself, remained sound up to two hours before death, when there was subdelirium. Twenty hours after his decease, at a post-mortem examination, the brain was in a pulpy state, certainly due to the influence of the air and putrefaction. Such cases, of course, are not of frequent occurrence, but they are of great physiological interest, and although still not satisfactorily explained are worthy the consideration of those engaged in psychological medicine.

Acute softening of the brain is in its symptoms so much like cerebral hemorrhage, that distinction between them is quite impossible. Not so, however, with chronic softening. This is never followed by immediate hemiplegia, but it appears slowly, and is complete in several weeks or months. If it happens suddenly, it is without impairing the mind, as there is no hemorrhage. The intelligence becomes gradually affected, with constant headache, prickling, numbness and stiffness in the limbs, presenting sometimes either hyperæsthesia or anæsthesia, and hemiplegia daily increasing, brings on lastly, coldness and emaciation in the parts.

There is sometimes hemiplegia during the period of collapse in acute encephalitis. This dreadful disease closes its action generally in the stage of excitation, characterized by fever with pulse either quick or slow, with nausea or constipation, acute delirium, and more particularly by convulsions, either in one or all sides of the body, or only in the limbs, with sensibility increased or diminished. If death does not occur during that period, the patient goes through a state of collapse; there is coma, and paralysis follows alone, or is accompanied by or alternates with convulsions. Whatever may be its form, in encephalitis paralysis is a most fatal sign. What is stated about hemorrhage in the brain may be applied to concussions or fractures of the skull, the former being, in the majority of cases, the cause of paralysis under both circumstances. Fractures produce paralysis shortly after the accident, but in concussion of the brain its occurrence is less immediate. In either case, hemiplegia exists in the side of the body opposite to the encephalic lesion. In concussion it may be due likewise to the existence of a purulent focus in some part of the brain; and then paralysis manifests itself later, preceded by inflammatory symptoms, such as more or less transient contraction or convulsion, irritability of the mind, costiveness, nausea, vomiting, etc.

It is an unquestionable fact that tumors may grow and compress the pons varolii, the medulla oblongata, and even other portions of the encephalon, without producing paralysis; but such cases will not here be referred to, and I proceed now to review those symptoms of tumor in the brain causing paralysis. That important details may not be forgotten, let it be mentioned that the general state of the patient and his antecedents help the diagnosis a great deal. But in their absence, or imperfectness, there remain a group of symptoms consisting of convulsions and troubles in sensibility, both of an inconstant character, which are reliable signs of a tumor interfering with the nervous centres. They depend almost upon a congestive state, arising occasionally in those places connected with the tumor, and always precede the appearance of paralysis, with which they may subsequently alternate.

Diagnosis of paraplegia may be easily determined. Except in cases of reflex paraplegia, there is always a lesion in the spinal cord. Loss of movement with anæsthesia in one side, and hyperæsthesia in the other, are symptoms of compression or destruction in a small portion of the posterior columns of the spinal cord, corresponding to the paralysed side. If the posterior columns are affected to a great extent, sensibility and movement are lost in the corresponding side, and sensibility preserved in the other. This is due to the loss of reflex power devolved to the

posterior columns. Compression or injury acting above the dorso-lumbar enlargement of the spinal cord, although producing paralysis, increases in a high degree the reflex power of the spinal cord. Oppolzer, after Bellingeri and Valentin, pretends that lesion in the anterior columns of the spinal cord affects especially the flexor muscles, whilst that of the posterior columns affects the extensor. But these are not constant facts, and, therefore, cannot be considered as belonging exclusively to the above peculiar alterations.

To close with what concerns diagnosis of paralysis, I will call your attention to certain states described by French pathologists as *pseudo-paralysis*, and which are almost independent of alterations in the nervous centres. Although they interfere with muscular exercise, they are not likely to confuse an attentive observer, nor is it an exaggeration to say that confusion is impossible in any of the cases. Muscular atrophy has its characteristic symptoms, which, in another lecture, will be extensively exposed. The only state which might be confounded with local paralysis is contraction in certain muscles, and particularly in those of the neck. But even here the nature of the disease is soon made clear by a means of diagnosis, of great importance in diseases of the joints. Whenever extension is gently tried in a contracted muscle, two things may occur: the affected muscle and its congener regain after a while their normal state, or, as soon as any movement is attempted, contraction becomes greater. To the first case a disease in the muscular system ought to be referred, whilst the latter is the effect, by mere reflex action, of an affection in the joints. But nothing similar to what has just been said is remarked in cases of paralysis, in which the muscles in the opposite side remain loose and in a permanent state of flaccidity, even when the parts are maintained in their normal condition.

Original Communications.

EXPERIMENTS WHICH DECIDE A POINT

RAISED BY M. CLAUDE BERNARD,

IN HIS RECENT DEMONSTRATIONS OF THE PARTICULAR NERVES WHICH INDUCE THE FLOW OF SALIVA.

By RUFUS K. BROWNE, M.D.,

PROFESSOR OF PHYSIOLOGY AND MICROSCOPIC ANATOMY.

The latest course of lectures,* by Bernard, was almost exclusively occupied with experimental study of the several secretions which enter the upper portion of the alimentary canal, and in experimentally demonstrating the part directly played in their production by particular nerves.

He satisfactorily demonstrated, in a series of careful experiments, that each of the salivary glands is stimulated to functional activity by a particular nerve; the parotid by a small branch of the facial, the submaxillary by the chorda-tympani, and the sublingual by a branch of the latter.

Having shown experimentally, with uninjured animals, by means of alternate section and irritation of these nerves, that this direct and active relation exists between them and the salivary process, he concludes his illustrations by remarking that "a desideratum still exists," for, notwithstanding section of the chorda-tympani arrests the secretions of the sub-maxillary and sub-lingual glands, and galvanic irritation of the peripheric extremity of the divided nerve at once renews the secretions, "an anastomosis is formed between Jacobson's nerve and the chorda-tympani, above the point on which we are (he is) about to divide it; and that to ascertain whether Jacobson's nerve exerts any influence on these secretions, it would be necessary to divide the ninth pair in the immediate vicinity of its cerebral origin—an experiment of such difficulty that no physiologist has hitherto attempted to perform it."*

The suggestion is an anomalous one (since Jacobson's is a sensitive nerve, and Bernard's researches prove that to motor nerves alone are to be assigned direct secretory influences). It appears to have arisen from a fact noticed by Bernard, which is that "the slender filaments (of the chorda-tympani) connected with the sub-lingual gland were infinitely less sensible to galvanic irritation than those which fall into the sub-maxillary plexus."† But Bernard suggests besides, that this difference may be due to difference in structure of those two glands.

However this point may be, his suggestion respecting Jacobson's portion of the glosso-pharyngei (ninth pair) suffices to evince our need of exact and complete knowledge of the physiology of this nerve. The point thus raised by him, if settled, would leave no room for doubt as to the exactness of his extremely valuable present contribution to our physiological knowledge of nervous influence on the salivary glands.

Having, for the benefit of our class, entertained the idea of attempting to attain certainty upon the point thus made by Bernard, we found, on examination, that though a number of experiments are reported by several observers on the ninth pair, some of them were directly contradictory, while others, undertaken to effect a solution of these discrepancies, had led to conclusions equally contradictory in themselves.

This is the case with those of Dr. Jno. Reid, made many years ago.‡

His observations, like those of previous observers, fell short of furnishing any satisfactory insight into the physiological relations of this nerve. The alleged experiments of Longet on the nerve are as yet unrepeated by any other observer, so far as I know.

It is plain, from the foregoing, that the attainment of certainty upon the particular pointed out by Bernard, was desirable. However slight its value to medical science, it would leave his brilliant success in fixing upon the particular nerves which enact the part of stimuli to the salivary glands, clear of any anatomical question. As a mere test of the possibilities and limits of operative proceeding on the animal, it deserved a trial; and since no amount of difficulty had ever previously deterred Bernard from attempting the performance of any operation, it seemed decided that he had satisfied himself that its performance without fatal injury to the living animal, was impossible.

Before enumerating the operations performed in our experiments in view of the point in question, we may recall to mind the anatomical course and relations of the ninth pair. In the immediate vicinity of its origin, while within the bones of the skull, it presents two ganglia. Only a part of its fibres pass through the first, but they all are engaged in the second. Within the inner portion of the foramen through which the larger division of the nerve leaves the cranial cavities, it parts with a branch known as Jacobson's nerve, which enters the cavity of the tympanum by a minute bony canal, and divides into several branches. These supply the cavity and carotid plexus of the sympathetic, and anastomose with some filaments of the facial. It is *this* connexion alluded to by Bernard. This division takes place very close to its cerebral origin, and no experiment has been made on the nerve above the level of this division.§ It is peculiar‖ that it here receives filaments from the upper or jugular ganglion of the pneumogastric.

The larger division of the nerve, which is all that has been the subject of experiment, after being joined by filaments of the facial, descends to the mucous membrane of

* Lectures on Experimental Pathology and Operative Physiology. By M. Claude Bernard. Medical Times and Gazette: 1860.

* Medical Times and Gazette, June, 1860. † Ibid.

‡ Todd's Cyclopædia of Anatomy and Physiology, Art. *Glosso-Pharyngeal Nerve.*

§ Unless those reported of Longet be entitled to be an exception.

‖ Peculiar, because both are *sensitive* nerves.

the pharynx and the posterior third of the tongue. To these filaments of the facial its motor function is due.

The difficulties mentioned by Bernard, in the way of operating upon the nerve at the point of its origin, we shall merely allude to. They are such in character and number that none but the operative physiologist himself could appreciate them.*

Some of these arise from the fact, that the operation must be accomplished in the cranial cavity, and the cutting edge of the instrument will, in the most successful operation in the case, just graze the point of confluence of the lateral and petrosal sinuses.†

And all the difficulties are to be encountered twice in a particular operation, since the nerves are to be divided on both sides.

In the several instances in which the operation was devised and undertaken, most of the various steps were at once accomplished, and subsequently all were successful. The resulting hemorrhage we had feared, soon ceased, without any noticeable result. The first operation, upon a medium-sized dog, consisted in drilling through the posterior part of the occipital bone and passing inwards and downwards a suitable instrument, between the dura mater of the lateral border of the cerebellum, and the corresponding portion of the interior of the skull, to the situation of the nerve. In this case the steps of the operation were performed only on one side, and had no injurious result. A noticeable diminution of the sensibility of the parts of the pharynx supplied by the glosso-pharyngei, on the operated side, was the only sign that the nerve had been in whole or part divided.

In the next instance, the operation was varied, for the purpose of ascertaining the possibility of dividing alone either division of the nerve, without the liability to a dangerous result which had been escaped in the first operation.

This was accomplished as before, but now on both sides. When the nerves were thus divided on both sides, the effects upon the animal functions were observed as follows. The operation was ascertained to be successful by these results, and afterwards demonstrated by autopsy.

1st. No difficulty in deglutition, either in eating or drinking, was detected; lapping was performed as usual, nor was it observed that any of the proper motive powers of the parts employed in these functions were in any way altered or impaired.

2d. The ordinary sensibility of the posterior two-thirds of the posterior third of the tongue was found to be lost, and with it the sensibility to taste of this part; while it remained intact in the anterior two-thirds. In addition, the sensibility of the upper part of the pharynx, and its tonsillitic and eustachian portions, were lost.

3d. The ducts of the sub-maxillary and sub-lingual glands, having been exposed in the manner described by Bernard, the functions of these glands were found to be wholly unimpaired. In the animal on whom this operation had been performed, the application of vinegar to the anterior two-thirds of the tongue always produced a flow of saliva from these glands, through the tubes with which the ducts had been provided.

The ninth pair, therefore, it is ascertained, *exercise no influence on the secretory function of the sublingual or submaxillary glands.*

The filaments derived from that branch of the facial known as the chorda-tympani, alone, therefore, supply the nervous influence on which the secretions of both these glands depend.

Further, we were led to the following conclusions, as to the result of section of the glosso-pharyngei.

1st. That since after their section the functions of deglutition will be performed perfectly well, the impression which leads to this reflex action is due to the gustative branch of the fifth pair, and not to the glosso-pharyngei as has been invariably alleged.

2d. That while section of the glosso-pharyngei, at the point of their origin, destroys the sensibility of the parts they supply (involving a loss of the power of taste there), the motor power of these parts remains undisturbed. This motor power, therefore, attributed to the pharyngei, must be derived wholly from the fibres of communication received by it from the facial and spinal accessory.

Effects of Section of the Facial on Sense of Taste.

The question of the effects of injury to the facial, on the sense of taste, being still unsettled, we were in proper circumstances, while engaged as above, to observe with reference to it.

Bernard has reported, as the result of his observations, that when the facial nerve is divided or seriously injured, above the point of emergence from the stylo-mastoid foramen, there is a diminished sense of taste on the same side of the tongue. At the same time the general sensibility remains. He considered it certain that this effect is due to the chorda-tympani, for if the facial be divided *after* the chorda-tympani has left it, no effect is produced on the sense of taste.

In an animal in whom this diminution was effected by division of the facial, the phenomena were observed.

The fact is perplexing, but on attentive consideration was found explicable. The explanation requires, however, an important modification of our theory of taste.

The sense of taste in its peculiar organ differs from the sensibility of other organs in only an *accessory* character, which is established not by any mere modification or alteration of common sensibility, but by the peculiar anatomical structure and action of that organ—a structure which involves *in its peculiarity* the nervous tissue, which, as arranged in other parts, supplies common sensibility only. From this peculiar anatomical constitution of the nervous and other tissue composing the organ arises the *accessory* character, which we distinguish as sense of taste. Besides this, and supplementary to these anatomical conditions, there are certain physiological conditions essential to the perfect performance of the *function* of taste—such as the various and peculiar buccal, faucial, and pharyngeal secretions, and associated movements of the various muscular parts. Any modification or disturbance either of these peculiar anatomical or physiological conditions, will affect *only* the accessory character of the function; but this alteration of the conditions under which we *taste*, will neither disturb nor impair the *common sensibility, which is found to be intact in all cases in which this diminution of taste has occurred.*

Any diminution, therefore, of the secretory or motor functions which aid in taste, and which take place through the medium of the facial, and constitute the physiological conditions of the performance of the sense, will be at once manifested by diminishing the perfection of it. A test of this explanation is found in the fact, that the destruction of common sensibility in the tongue involves the loss of all power of taste; and since this is at once accomplished in its anterior two-thirds by division of the lingual branch of the fifth pair, and in its posterior third by division of the

* An inadequate idea of the *laborious* dissections on the living animal, involved in the repetition of some of his experiments, may be gained from the following statement of Bernard himself, in his description of his discovery of the motor nerves of the parotid gland:—"Our first experiments having been unsuccessful, we modified the operative process." "This last attempt was finally crowned with success after the operation had lasted five hours."

It is, to the student of Bernard, an entertaining circumstance to find Bernard speak of a "difficulty" in any operation. In such an operation as we are about to describe, a peculiar *additional* difficulty exists in the fact, that the operation which has been partially or wholly successful on an animal as one of the preliminary steps, will be utterly useless or misleading as a guide in a repetition of it for similar or additional steps on a second animal, though both may be externally of similar size. This difference depends on the very remarkable variations in different animals of the shape of the skull, its relative thickness, etc. Each skull will differ very remarkably in these and other respects, having a direct bearing upon cranial operations, from every other one.

† This difficulty is constantly encountered by the physiologist in all his operations in the cranial cavity—such as division of the fifth pair. In the dog the sinuses lie so closely together as scarcely to admit the introduction of the smallest *drilling* instrument without opening into them and causing fatal hemorrhage, but if entrance be made into the cavity and these dangers are escaped, in the next movement in the operation there is the greatest possible liability to other fatal incidents.

glosso-pharyngei, the chorda-tympani being intact, *the latter nerve is not in any sense or degree a nerve of sense to the tongue.* We may consider it settled that its destruction only affects the sense, as a secondary consequence of the withdrawal of its influence from the various secretory and motor functions, upon which the function of taste partly depends.

1. This conclusion agrees substantially with the suggestion offered by Bernard himself, but in addition presents a definite and explicit view of the phenomena of taste. The phenomenon in question so puzzled Stich of Germany (who observed it in a number of cases), that in the absence of a comprehensive and definite explanation, he was driven to attribute it not to the facial but to fibres derived from the fifth pair. He apparently was not aware that destruction of the fibres of the fifth will occasion, *not* this phenomenon, and not the phenomena of *diminution of taste* with retention of sensibility, but an *extinction* of common sensibility, involving complete *loss* of taste.

In the course of our experiments, we have met with a fact which corroborates this view, viz. that the diminution of taste on division of the tympanitic branch of the facial, does not involve the root of the tongue, a fact which we could make accord with no other explanation. In this part of the tongue, although ordinarily subservient to taste, the anatomical and even physiological conditions, which the accessory character we call taste arise from, are varied. The secretions here are mucoid, and mainly serve the purpose of providing a very slippery coat for the passage of the food through the fauces; while the saliva, freely poured into the anterior part of the mouth, and which especially aids in the gustative function, is mainly mingled with the bolus of food before it reaches the posterior portion. These fluids do not bathe this portion of the mucous membrane, nor exercise their influence on it; nor are the comminuted portions of the food, before they are *amassed* in the bolus, brought into contact with it. In addition to this physiological variation, relating to the two parts, there is the further anatomical difference, that in the posterior part, the secreting structure of the tongue mostly consists of little glands and follicles, providing substances that have but little to do with exciting the gustative process.

In this part, therefore, as we have observed, although its proper sensibility remains, when the glosso-pharyngei are entire, section of the tympanitic branch of the facial has but little if any observable effect; we could not observe *any*.

The above is intended merely to present the most abridged form of the effects of section of the glosso-pharyngei, and wholly with reference to the point raised by Bernard.

The experimental evidence, though meagre, is novel. It may, however, find use in the correction of the errors now implicitly adopted by physiologists,, which ascribe the reflex function performed in deglutition to the glosso-pharyngei alone.

Its presentation by Bernard, as a point awaiting solution, in intimate connexion with his own discoveries, and being valuable as removing the only point of uncertainty respecting them, invested it with an interest and an importance, which the actual results, *since they are known*, will hardly arouse for it in the mind of the reader.

Test for Grape-Sugar.—Mulder gives the following as the best way of using his test for the discovery of grape-sugar: A little of the sulphate of indigo solution is placed in a test-tube, the fluid to be tested is added, and the mixture is boiled. A solution of carbonate of potash or soda is then added until the liquid is alkaline. If grape-sugar be present, the mixture is decolorized; if not, it remains blue. —*Chemical News.*

Anatomical Pun.—Why is the ulna sometimes called the "funny bone?"—Because it is so near the humerus.—*Vanity Fair.*

Reports of Hospitals.

ST. VINCENT'S HOSPITAL.

SURGICAL CASES.

SERVICE OF DR. FINNELL.

[Reported by Wm. O'Meagher, M.D., Resident Physician and Surgeon.]

Erectile Gluteal Tumor.—This was in the person of a stout, healthy young woman, a domestic, twenty-nine years old, having first appeared at the age of three years, as a dark-colored spot, about the size of a pea. Three years previously to admission, it first began to attract her notice, being painful, and as large as a hickory nut. From this time it gradually increased, until it assumed the size and appearance of a large teat, three inches long, two and a half inches in diameter at the base, and one inch at the extremity. Proceeding from the muscles, in which it was feebly imbedded at a right angle, it caused the patient a good deal of distress and suffering whenever the clothing came in contact with it. The operation was performed by Dr. Finnell. A thorough enucleation necessitated the removal of a large substratum of tissue, leaving a very considerable cavity to be filled up, which gave rise to much difficulty in bringing the edges of the wound together with interrupted sutures and adhesive straps; the wound, however, healed up kindly, closing by the first intention in three weeks from the operation, and she was discharged one month after admission.

Punctured Wound of the Lung.—Thos. D——, a laborer, thirty years of age, was stabbed with a clasp-knife in a drunken quarrel, receiving, among other wounds of a trifling character, a punctured wound of the thorax, involving the lung. Four days afterwards he was admitted to the hospital. The wound was situated between the fifth and sixth ribs in the left side, near the inferior border of the scapula, and the symptoms were, dyspnœa, cough, moist crepitus; on auscultation slight hæmoptysis; and, external to the wound, circumscribed emphysema. The latter symptom soon disappeared, and the others were not at any time such as to cause uneasiness. He was kept confined to bed, on low diet, with the administration of small doses of pulv. ipecac. comp. frequently repeated, an occasional cathartic, and simple dressing to the wounds. In less than three days he left the hospital well, without the occurrence of a bad symptom.

Caries of Elbow Joint.—Michael F——, aged thirty-five, a blacksmith, sustained a severe wrench of the elbow, while shoeing a horse, eighteen months previously to admission. Inflammation, and finally ulceration resulted, so that he was obliged to give up the occupation at which he worked, at intervals, for six months after the accident, and enter one of our public institutions, where the joint was opened in two places, to allow the evacuation of matter. At the time of admission his condition was very low, and a physical examination of the chest revealed a tendency to tubercular disease. This fact, together with an unwillingness on his own part to submit to an operation, prevented an attempt to save the limb by exsection, or, at least, removal of the carious portions. A free incision was made where a collection of matter was observed; poultices were kept constantly applied to the joint, and bandages to the hand and forearm, which were considerably œdematous. The patient at first was confined to bed with the limb supported on a pillow, and slightly bent. Generous regimen, with cod-liver oil and iron, was directed, and in a short time considerable improvement was apparent, locally and constitutionally. This continued without any drawback, until he grew stout and strong; the discharge from the sinuses gradually diminished, and at the end of four months he was almost convalescent, the joint being only partially anchylosed, and giving every hope of a useful limb, and increasing mobility.

Gunshot Wound.—P. C——, a stout, young married man

from the country, was admitted with extensive injury of the left hand by the bursting of a gun.

He had been annoyed by a drunken man calling repeatedly at his house on the night of the accident, and in order "to scare him away," as he said, he put into the barrel of the gun about twelve inches of powder and some wadding. The result was a frightful explosion, scaring not only the intruder but his family, and wounding himself. On examination the palm was found fearfully lacerated, the integument and other soft tissues in some places entirely destroyed, especially around the thumb, the second phalanx of which was blown away, leaving the first entirely exposed and ready to slough off. The index finger was lacerated throughout from the palm to the tip, the third phalanx being destroyed, and the temperature so reduced that total loss was expected. The other fingers were also more or less injured, but not so seriously. The dorsal surface of the hand was intact, but œdematous. He had lost a considerable quantity of blood before the wound was properly dressed, but his general condition was favorable, and he did not complain much.

Cold-water dressings were used at first, anodynes to procure rest, and light fluid nourishment administered. Poultices were then substituted, together with generous diet, porter, and milk punch. Under this treatment suppuration and sloughing went on favorably, the first phalanx of the thumb was easily removed, the index finger, excepting the last joint, was saved, and healthy granulations soon filled up the denuded parts. An abscess collected on the dorsum, which was evacuated, and then healed. He left the hospital, nearly well, five weeks after admission.

MISCELLANEOUS CASES. SERVICE OF DR. A. B. MOTT.

Fracture, Contusion, and Caries of the Cranium.—George D., aged 50 years, an iron-worker, while intoxicated fell headlong into a cellar, fracturing the right upper portion of the frontal bone, with severe contusion of the vertex. On admission, one month afterwards, caries had commenced around the fracture, and a large puffy swelling was presented on the upper anterior portion of the skull. He was slightly comatose, and at times delirious, complained of intense headache and constipation, but there were no symptoms of compression so decided as to justify active interference. Accordingly he was closely watched, and relieved of the most urgent symptoms, but notwithstanding all that could be done he continued in pretty much the same way for about a month before any improvement was manifested. The discharge continued to increase, especially after free incisions had been made, in the early part of his sojourn. The whole upper anterior part of the skull was soon denuded, caries followed, and several small portions of the outer table were brought away with the forceps. In the meantime iodide of potassium, with bark, and a generous regimen had been administered assiduously, and gradually and slowly his condition improved so much that he was discharged in three months, at his own request. He returned again two months afterwards in pretty much the same state as when he left. The bone formerly denuded was now covered with granulations, a slight purulent discharge still remaining. This time the same treatment was directed, and in addition astringent solutions were thrown into the sinuses with good effect. He is at present (nearly ten months after the accident) under treatment as an out-door patient, being very much better, and able to attend to his work, the sinuses still discharging a small quantity of healthy pus.

Extensive Burns.—The subject of this case, a young woman under thirty, furnished a striking example of extreme patient endurance, under the most prolonged suffering, and of the utter inefficiency of medical or surgical treatment, in the absence of hygienic influences and good nursing.

About two years and a half before the present time (April, 1861), she sustained severe and extensive burns, by the explosion of a fluid lamp, on the posterior part of the body, from the nape of the neck to the popliteal spaces, the posterior parts of the arms, etc., and from the first was obliged to lie abed in the prone position. In this way she managed to exist for upwards of two and a half years, never leaving it, unless for the purpose of arranging the bed, or for the necessary evacuations.

A record of the treatment would almost fill a volume. Suffice it to say, that every available remedy that was ever used or proposed, constitutionally or locally, was tried in vain. Very often she was on the point of death by collapse, owing to the immense discharge from so extensive a surface. She always rallied, however, under the most devoted attention, aided by a nutritious stimulant regimen, the appetite being invariably good, and her improved condition would as frequently excite a strong hope that at last the corner had been turned; but after reaching a certain point towards convalescence, she relapsed to the former state, and hope was again deferred. The first sign of improvement was manifested after her removal to a larger ward in the new building. From this time up to the present it has been most marked, the whole surface having cicatrized, while her general condition could be safely pronounced excellent. She still continues the same prone position, occasionally turning on her sides, and sometimes taking an airing in a wheeled reclining chair, kneeling on the seat, while her arms rest on the top. As soon as the fine weather comes, her friends intend to bring her to the country, where no doubt her convalescence will be completed.

LONG ISLAND COLLEGE HOSPITAL.

DR. HAMILTON'S SURGICAL CLINIC,

MARCH 18, 1861.

FRACTURE OF THE LEFT CLAVICLE.—UNION IN FIFTEEN DAYS.

[Reported by GEORGE H. MARVIN, Student of Medicine.]

I PRESENT to you to-day, gentlemen, an example of a fracture of the clavicle in a child. This lad, Henry Phillips, æt. 5, according to the account by his mother, fell upon his left shoulder four days ago. He has been under the care of Dr. Lynch, who has correctly diagnosticated and managed the case up to the present moment. You observe a considerable swelling over the point of fracture, and that he droops the left shoulder. Placing my finger gently upon the point of fracture, I observe occasionally, during the acts of inspiration and expiration, a distinct sensation of crepitus, or rather that peculiar clicking of the fragment which generally characterizes the crepitus of a fracture in early life. In order to detect the crepitus in this case, it is not necessary to seize upon the shoulder, and draw the clavicle outwards, with a view to the bringing of the ends of the fragment in apposition; they are already in apposition, as is proven by the fact that the crepitus is felt, when only the finger is placed upon the fractured part. In this way we may determine, although we cannot distinctly feel the ends of the bones, that the fracture is nearly, or quite, transverse, probably denticulated, and that the ends are not displaced or overlapped. We assume, therefore, that it is one of those fractures almost peculiar to children; not strictly speaking a partial fracture, but a complete fracture without displacement, and probably without much laceration of the periosteum. I ought to say that the evidence of its being a complete fracture, and not a partial one, is found mainly in the facility with which the crepitus is detected, and in the freedom of motion between the ends of the fragments, such that it is produced by the ordinary acts of inspiration and expiration.

I wish you to notice that the fracture has been occasioned by a fall upon the shoulder, according to the account given by the mother, and this I have observed to be the case in the great majority of fractures of the clavicle which have come under my notice; so likely is this to happen, that whenever a child has fallen upon the extremity of the shoulder, it will be proper to institute a search to see if the clavicle has not been broken.

Treatment.—With regard to the treatment, nothing can be more simple than the measures which I usually employ in these cases; the tendency to displacement is so inconsiderable, and this bone unites with such rapidity, especially in children, that probably no harm would come from permitting it to remain without any treatment whatever; but as a measure of prudence simply, or to prevent its becoming displaced by any accidental violence, it is well to apply a simple sling after the plan of Fox's apparatus. I shall direct, therefore, that the arm shall be suspended in a sling, with the forearm across the body, the arm and forearm being secured to the body by a few turns of the roller. No axillary pad to be employed. I predict, then, that we shall find the fragment united in two weeks.

Result.—March 29th. The child was again presented to the class. Upon examination, it was found that the fragments had firmly united. Dr. H. said we might now dispense entirely with the sling and roller, dismissing the patient with the direction merely to avoid any violent exercise, at present, which might tend to separate the fragments.

American Medical Times.

SATURDAY, MAY 11, 1861.

MILITARY HOSPITALS AND NURSING.

War waits neither the convenience nor preparation of those who are called to its conflicts. Its exigencies and its calamities come suddenly, and in quick succession; and myriads of lives are almost instantly jeoparded, not alone by foeman's fire and steel, but by other and more dangerous enemies that lurk about military camps and hospitals.

Only three weeks have elapsed since the first call of the Federal Government for troops, and of course no prevailing diseases have had time to spring up in the regiments which have so suddenly been mustered for the field. Previous good health, combined with the excitement of the first march and bivouac, will sustain the vigor of these hosts for many days. But the days are drawing near when this intense excitement will give place to the sober realities of camp life and actual warfare. Hospitals, medical skill, improved hygiene, good nursing, and good food for our army, must very soon be leading and practical subjects for the consideration of American physicians.

Believing that our readers entertain with us the sentiment that the physicians of our country "must not permit ignorance, apathy, recklessness, thoughtlessness, to have any part in the destiny of this army, and that we must not wait to learn by bitter experience, what the Crimean war taught England and France;" and that we must now resolve that "our intelligence shall anticipate and provide against all dangers not essentially fortuitous;" the pages of this journal will be largely devoted to the discussion of questions connected with Military Medicine and Surgery; and as nearly all the Military and Naval Medical Corps of the Federal Government are patrons of this journal, we embrace this opportunity to invite their contributions, through our columns, to their particular departments of medical knowledge and experience.

How shall we save our citizen soldiers from preventible diseases and death, is the most momentous question of this war. This question necessarily involves many subjects of inquiry, and each of them, from the gravest question in military surgery, to the simplest fact in the regimental *cuisine*, demands the careful attention of medical men.

We may properly commence our inquiries and suggestions for the preservation of the Army, by some statements respecting Military Hospitals and Nursing. Sir John Pringle remarks, in his "Observations on the Diseases of the Army:"—"Among the chief causes of sickness and mortality in the Army, the reader will little expect that I should rank (what are intended for its health and preservation) *the hospitals themselves*, and that, on account of bad air and other inconveniences attending them."

Though considerable improvements have been made in the organization and hygienic management of army hospitals since the days of the British campaigns in the Low Countries, it yet remains too true that military hospitals in all later years have destroyed more lives than powder and ball! It is true that, under the enlightened direction of Dr. Satterlee, in the Mexican campaign, the last great demand for army hospitals in our own country was met and provided for at least in a spirit becoming our profession and a civilized age. But the prospective necessities of the Federal troops now marshalled in war, demand improvements and means for the benefit of the sick as far superior to those of the Mexican campaign as those exceeded the army hospitals of a former century. Never went forth an army so precious; and, in the history of the world, was never an army so vast and so determined thus suddenly marshalled from the willing ranks of the people. Never was an army made up of such men, and never were the individual and common treasures of a people so profusely offered for the defence of a government and the supply and preservation of an army. There will be no deficiency of material and personal aid for the succor and comfort of the troops. Nor are the Military and Medical Bureaux inattentive to the claims that humanity and a hundred thousand anxious homes are making for improved army hygiene. Both from the National and the State Medical Bureaux we have received positive assurances that whatever can be done, shall be done, for the preservation of the health of the troops. But it must be borne in mind by our profession throughout the country that, without an intelligent comprehension and estimation of the principles and practical application of hygienic medicine by the army medical corps, the good purposes of the central authorities will necessarily fail of their proper accomplishment. Therefore, let every candidate for army service be well posted in all that pertains to camp and hospital hygiene.

We may take it for granted that private munificence will so fully sustain the army authorities that there need never be the least deficiency of means or personal sacrifices and labors to supply every want of the sick as well as the active soldiery.

It requires no further statement to show that whatever is consistent with military regulations and army discipline, may and should now be attempted for the radical improvement of camp and hospital hygiene in our army. Fortunately there exists a disposition on every hand to have all needed reforms initiated and directed by counsels from the constituted military medical authorities. Red tape does not fetter those authorities, and they undoubtedly will, under some existing or some new regulations, decide to introduce such improvements and additions to the service as will insure the most approved organization and hygiene

of hospitals and camps. But in any event, it will be the duty of American physicians to be fully prepared for any exigencies that may arise. Already the New York and other Hospital Boards in this city have proffered their gratuitous services to the State authorities, offering to go to any point and to undertake any duty in the organization of Army Hospitals, when required. The five Hospital Boards have also cordially united in giving full effect to a plan for the practical training of a class of approved women to serve as Nurses in the Army Hospitals—an enterprise that is being nobly sustained by the Ladies' Central Association of Relief. This work has received the approval of the proper authorities at Washington, and will doubtless constitute one of the first elements for the improved organization and management of our Army Hospitals.

From information already received, we are assured that so far as any "civil element" or any voluntary aid is needed, or can properly be introduced, the military authorities will encourage its introduction under suitable regulations. In view of this fact, and also in anticipation of what we believe to be the earnest desire of our readers, we shall continue the consideration of this subject in the next number.

THE WEEK.

The American Medical Association has postponed its meeting for one year. Though the fraternal bonds of our profession are indissoluble, the entire North is so truly united in the support of the Federal Government that all men seem to be unconscious of any other duty, and in this devotion to country no class of citizens are more hearty than physicians. The million of citizens now impatiently demanding the privilege of rushing to the rescue, also demand that their physicians go with them. "For," say they, "let Death make no reprisals except upon the battle-field. Medical science and the physician's skill must guard our camps." When next our Medical Congress convenes, we trust that not only the fraternity of States, but the unity and power of our life-saving profession, will be abundantly confirmed, by the record of experiences and works of a war in which no needless inhumanities and no preventible sacrifice of life were allowed.

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Lint and Bandages have become staple articles of domestic manufacture from Maine to Iowa. This *was* well for the brief period when volunteer regiments in their haste could not wait for Government orders and supplies. But the time has now arrived when other wants of the soldier should receive most attention. Let light flannel garments both for the sick and the active soldiery be accumulated. They will be required.

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Medical men and army surgeons are admitted to be brave men; and when occasion requires, their terrible intrepidity, like that of the surgeon-gunner of Fort Sumter, dares any danger. But inasmuch as the mission of the physician and surgeon in armies and at the battle-field, is to save life and not to destroy, ought not the medical corps of contending armies to be, as far as practicable, shielded from the enemy's fire? It was the glory of the renowned Larrey, that in all his campaigns with Bonaparte, he devoted his matchless skill as freely for the benefit of wounded and suffering foes as for the troops to which he belonged. And more than once, when inevitable death awaited him, as an officer of rank in the Army, a timely recognition of his name and duties at once made him an object of protection by the enemy. Let such an honorable recognition of the claims of humanity in scenes of carnage characterize the acts of the immense armies now on the eve of conflict. In order to insure a ready recognition of members of the Surgical Staff when moving on errands of mercy in the theatre of battle, let the proper Medical and Military Bureaux of the contending armies agree upon and direct a distinctive and easily recognised uniform that shall be worn in common by the medical corps of both armies.

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Army Surgeons.—In answer to the numerous correspondents who have addressed us with reference to the best mode of obtaining commissions as Regimental Surgeons, we would suggest, as the most proper course, that they join some local regiment, and afterwards present themselves for examination before the Surgeon-General and his Board of Examiners.

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The following order from the Surgeon-General's office will give the reader an idea of the responsibility and importance attached to the office of medical inspector of army volunteers at the New York City Depot:—

General Head Quarters, State of New York,
Surgeon General's Office, Albany, April 22, 1861.

Special Orders, No. 5.

Surgeon Alex. B. Mott is hereby detailed as Inspecting Surgeon to the depôt at New York. He will *carefully* inspect the troops on their arrival at the depôt, in relation to the following points: First, whether there is any evidence of pulmonary disease; Second, any organic disease of the heart; Third, hernia; Fourth, any marked physical imperfections or any infirmity unfitting a man for the active duties of a soldier. He will also daily inspect the quarters and attend to all matters pertaining to the hygiene of the depôt. It is particularly requested that he cause to be enforced *perfect cleanliness of quarters and men.* He will report to this office on Saturday of each week the number of men inspected in each company, the number accepted, together with the name of the officer commanding each company. By order of the Commander-in-Chief,

S. Oakley Vanderpoel, Surgeon-General.

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Miami Valley Medical Association.—We learn from reliable authority that this Association is made up of a band of eclectics, persons who consequently have no claim for countenance by the profession. We make this announcement that any of our contemporaries who may have heretofore sent their journals to these pretenders may cease to do so, for the reason stated. The transparency of the trick on the part of this pseudo-scientific body is only equalled by the impudent solicitation made by them a short time since for medical literature free of expense!

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Dr. A. Clark's lectures on Diphtheria will be continued after a lapse of two or three weeks.

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Small-Pox in military depôts and encampments is one of the direst calamities to which an army can be exposed. Will not the Surgeons-General of the State troops issue orders to the Medical Inspectors at the various military depôts to provide officially for the immediate vaccination of every regiment? Upon inquiry, we learn that the Eastern Dispensary, alone, in this city, is prepared to supply fresh virus for the vaccination of a thousand or more every day for the next six weeks. The inconvenience of the vesicle and soreness is but trifling, and need not prevent soldiers from drilling and other duties.

Reviews.

THE BREATH OF LIFE, OR MAL-RESPIRATION, AND ITS EFFECTS UPON THE ENJOYMENTS AND LIFE OF MAN. By GEORGE CATLIN. John Wiley: 1861. pp. 76.

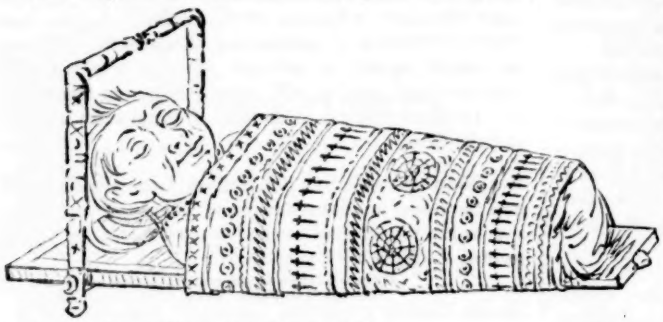
(*Concluded from page* 296.)

THE following remarks upon the customs of the Indians in their care of their children, and in their habits of sleeping, and the comparison with civilized people, are interesting:—

"The Savage mother, instead of embracing her infant in her sleeping hours, in the heated exhalation of her body, places it at her arm's length from her, and compels it to breathe the fresh air, the coldness of which generally prompts it to shut the mouth, in default of which, she presses its lips together in the manner that has been stated, until she fixes the habit which is to last it through life; and the contrast to this, which is too often practised by mothers in the civilized world, in the mistaken belief that *warmth* is the essential thing for their darling babes, I believe to be the innocent foundation of the principal, and as yet unexplained cause of the deadly diseases so frightfully swelling the Bills of Mortality in civilized communities.

"All Savage infants among the various native tribes of America, are reared in cribs (or cradles) with the back lashed to a straight board; and by the aid of a circular, concave cushion placed under the head, the head is bowed a little forward when they sleep, which prevents the mouth from falling open; thus establishing the early habit of breathing through the nostrils. The results of this habit are, that Indian adults invariably walk erect and straight, have healthy spines, and sleep upon their backs, with their robes wrapped around them; with the head supported by some rest, which inclines it a little forward, or upon their faces, with the forehead resting on the arms, which are folded underneath it, in both of which cases there is a tendency to the closing of the mouth; and their sleep is therefore always unattended with the nightmare or snoring.

"Lying on the back is thought by many to be an unhealthy practice; and a long habit of sleeping in a different position may even make it so; but the general custom of the Savage races, of



sleeping in this position from infancy to old age, affords very conclusive proof, that if commenced in early life, it is the healthiest for a general posture, that can be adopted.

"It is very evident that the back of the head should never be allowed, in sleep, to fall to a level with the spine; but should be supported by a small pillow, to elevate it a little, without raising the shoulders or bending the back, which should always be kept straight.

"The Savages with their pillows, like the birds in the building of their nests, make no improvements during the lapse of ages, and seem to care little if they are blocks of wood or of stone, provided they elevate the head to the required position.

"With the civilized races, where everything is progressive, and luxuries especially so, pillows have increased in longitudinal dimensions until they too often form a support for the shoulders as well as the head, thereby annulling the object for which they were originally intended, and for which, alone, they should be used.

"All animals lower the head in sleep; and mankind, with a small support under it, inclining it a little forward, assume for it a similar position.

"This elderly and excellent gentleman, from a long (and therefore necessary) habit, takes his nap after dinner, in the attitude which he is contented to believe is the most luxurious that can be devised; whilst any one can discover that he is very far from the actual enjoyment which he might feel, and the more agreeableness of aspect which he might present to his surrounding friends, if his invention had carried him a little farther, and suggested the introduction of a small cushion behind his head, advancing it a little forward, above the level of his spine. The gastric juices commence their work upon the fresh contents of a stomach, on the arrival of a good dinner, with a much slighter jar upon the digestive and nervous systems, when the soothing and delectable compound is not shocked by the unwelcome inhalations of chilling atmosphere.

"And this tender and affectionate mother, *blessing* herself and her flock of little ones with the *pleasures of sleep!* how much might she increase her own enjoyment with her pillow under her *head*, instead of having it under her *shoulders*; and that of her little gasping innocents, if she had placed them in cribs, and with pillows under their heads, from which they could not escape.

"The contrast between the expression of these two groups will be striking to all; and every mother may find a lesson in them worth her studying; either for improvements in her own nursery, or for teaching those who may stand more in need of nursery reform than herself.

"So far back as the starting point in life, I believe man seldom looks for the causes of the pangs and pains which beset and torture him in advanced life; but in which, far back as it may be, they may have had their origin.

"Little does he think that his aching, deformed, and decaying teeth were tortured out of their natural arrangement and

health, in the days of their formation, by the cold draughts of air across them; or that the consumption of his decaying lungs has been caused by the same habit; and that habit was the result of the actual tenderness, but oversight, of his affectionate *mother*, when he slept in her arms, or in the cradle."

We cannot dismiss this quaint production without a word of commendation. However much in the medical theory advanced by the author may be questioned, it is certain that the work aims to correct a habit, which, to say the least, is disgusting. We trust it may be introduced into every family, and every Sabbath and public school in the country. There are few children who will soon forget its apt illustrations, and every one will be led insensibly to correct the tendency to this habit. The author closes with the following appeal:—

"And if I were to endeavour to bequeathe to posterity the most important Motto which human language can convey, it shou'd be in *three words*—

Shut—your—Mouth.

"In the social transactions of life, this might have its beneficial results, as the most friendly, cautionary advice, or be received as the grossest of insults; but where I would point and engrave it, in every *nursery*, and on every *bed-post* in the Universe, its meaning could not be mistaken; and if obeyed, its importance would soon be realized."

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

STATED MEETING, April 3, 1861.

DR. JAMES ANDERSON, PRESIDENT, IN THE CHAIR.

DISCUSSION ON MORBUS COXARIUS.

(*Continued from page* 298.)

DR. WATSON.—There is no disease in surgery which requires more attention from the surgeon than this. From almost the earliest period of my professional life this subject has been one of great importance to me, and consequently I have paid a great deal of attention to it. I remember as long ago as 1835 and '36, I happened to be in London, and during that time my attention was particularly called to this disease by a conversation with Mr Liston. And at that time there was a very spirited discussion between him and Mr. Brodie on the pathology of the disease, and particularly in reference to the dislocation that was said to occur in the latter stage. Mr. Brodie had taken the ground that there was a secondary dislocation, that the head of the bone was lodged upon the dorsum of the ilium. Mr. Liston took issue with him on that ground, and I believe if the journals of that date be consulted, their discourses will be found. These subjects were thoroughly discussed, and it was the talk of all the medical public of Great Britain. Liston took the ground that luxation never occurred. As I was going up to Edinburgh, Mr. Liston told me to look into the large museums of that city for secondary luxations. I spent a day or two in looking over those specimens, which amounted to several hundreds, and I could not succeed in finding any where this accident had taken place. The disease was not, therefore, one of the secondary dislocation, but one of absorption. The true luxation that occurs is a very *rare* affection. That it sometimes does occur, the following case will prove. I remember some years ago a child was brought into the New York Hospital with a large ulceration over each hip; the heads of both the femurs were projecting through these openings, and were dislocated. The specimen is now in the museum, and an account of it may be found in Dr. Ray's *Catalogue of the Pathological Cabinet* of that institution. This luxation took place in consequence of the openings which formed. There is another mode in which the luxation will occur; now and then, as has been remarked by some of the gentlemen, the disease affects the bottom of the cavity of the acetabulum, which is swept away, and the head of the bone is thrown into the cavity of the pelvis. That I have seen. So there are two ways in which dislocation can occur; one by destruction of the capsular ligament, and the other by perforation of the acetabulum. One word in regard to the origin of this disease. I cannot but admire the order and neatness with which Dr. Post opened this discussion, but in the point of pathology, I think he was rather limited in his views. He states as his belief that the disease originates in the bone. I take issue with him on that point; the disease, I believe, may commence in the cartilage, and also in the ligaments. In the latter instances there is acute pain and effusion early, but when in the bone there may be no pain at all. You may see cases that have gone many months without pain, in which the first thing that calls the attention of the parents is a shortening of the limb. This last variety has called forth most attention, and is most easily cured. When the disease begins in the synovial tissue, it has the same form as pleuritis. In this form of disease, the progress is next to the cartilages; they become eroded, and will appear as if they had been rubbed off by sandpaper, by piecemeal. If the disease commences in the bone, they turn yellow and brown, they become soft, elastic, and loose, and finally become disinte-

grated. In the former variety, the cartilage remains attached to the bone until it has entirely disappeared by piecemeal. Now, with regard to the treatment of this disease. If you see one of those cases that begin with severe pain, you may be very much alarmed, but if you see them early you can generally manage them very well. Extension is of very great use in these cases.

As long ago as 1840, when I just took charge of one of the departments of the New York Hospital, I had occasion to treat patients in this way by extension, and I founded my treatment of those cases upon Dr. Harris's paper as published in the *Philadelphia Medical Examiner* in 1839, and subsequently referred to by Dr. J. G. Adams in a paper which he published in July, 1839, in the *New York Journal of Medicine*. I merely make this statement to counteract the impression that this treatment has fallen into disuse. From the very hour I read Harris's paper, I have always looked upon it as the best plan of treatment until the new mode introduced by Dr. Davis came into use, which I highly approve. I remember the first case which I treated upon this plan. She was brought into the Hospital suffering agonizing pain, scarcely allowing any one to touch her. I remember telling Dr. Kearny Rodgers that I intended to treat the patient upon a new plan. "Well," said he, "let us see how it will work." I placed her upon the straight apparatus as if she had a fracture of the thigh. I had hardly put on the counter-extension before the girl was entirely free from pain. It operated beautifully and instantly. I have always used it since.

With regard to some of the other points that have been discussed in reference to the different forms of apparatus, I cannot say much, because I have had very little experience in their use. It is not necessary in every acute stage to use extension, for if you sometimes purge a child freely you will not unfrequently put a stop to the disease at once, to your utter astonishment. I can refer to a case of this sort which occurred within the last two months. A child for several days complained of severe pain in its knee and hip. I found a great deal of tenderness on pressure over the hip. This child I purged with a little pulvis purgans; applied leeches freely behind the trochanter; kept it at rest, and used some stimulating embrocation, and in two weeks the patient was about. This I look upon as one of the cases in which the disease begins in the synovial membrane. I think that a great many cases of this sort can be treated without the necessity of extension; when, however, that necessity does exist, the instrument which I believe was invented by Dr. Davis, and modified by Dr. Sayre, is an improvement on the old plan, and will be adopted by the profession generally; and as I understand Dr. Sayre is now willing to do justice to Dr. Davis, there need be no further discussion upon the subject.

Dr. Sayre.—I would ask Dr. Watson if he has read my report?

Dr. Watson.—I have not.

Dr. Sayre.—I presumed not, or you would not have made that last remark, in which you state, you learn that I am *now* willing to do justice to Dr. Davis, thereby inferring that hitherto I have been unwilling to do so. (Cries of order!)

Chair.—The gentleman will confine himself to the subject, which is the treatment of the disease.

Dr. Sayre.—I will, sir; but I have been openly charged in this Academy, during my absence, as dishonorably claiming ideas which belong to Dr. Davis. And Drs. Parker, Post, and Buck, have signed their names to a report testifying to the same. (Cries of Order!) I claim, sir, the right of correcting this false statement. If my report were in the hands of the whole profession, it would need no correction from me; but as it is not, and only the few who obtain the Transactions* will ever know the truth, hundreds of other young men in the profession will hear the slander and never hear the correction. I therefore claim the privilege of reading from my report what I have said in relation to this matter, and then leave it with the profession for their honest judgment. I have been in the habit of applying motion with extension for eight years or more, and have had frequent discussions with Dr. Bauer on this subject, as he can testify. Several cases of anchylosis occurred, one of which in a particular friend of mine in Kentucky, made a lasting impression on my mind. This subject, sir, was a topic of discussion every time we met, because from him I could learn more than was in our standard works upon the subject, he was in advance of the age; and he can testify whether or not I am indebted to Dr. Davis for any of the principles laid down in my report. The construction of Dr. Davis's instrument being the first to embody this principle of motion with extension, I fully acknowledge. Have I not stated this in my report? I will read the paragraph in which I refer to him.

"This was a desideratum I had tried long to accomplish, but never succeeded to my satisfaction until Dr. H. G. Davis, of this city, applied to him one of his instruments, which answered the purpose admirably, and in its construction embraced the very principles I had so long sought to obtain. As Dr. Davis is, I believe, the first person who has constructed an instrument embracing these important advantages, extension with motion, I have taken the liberty of presenting a plate of the same, and his own remarks in regard to its method of application. I have made, as I think, some very important improvements and modifications of this instrument, which I will describe more fully hereafter." Here, sir, follows a plate of his instrument, and two pages of his own remarks; and then the succeeding paragraph in which I state: "This instrument of Dr. Davis was applied in this case with the happiest results for a few days, but it soon began to excoriate the groin, and the method of extension was not satisfactory, and could not be controlled at will; but would be either too feeble or too severe, and I therefore constructed an instrument embracing all the principles in this, but much more effectual in its application, more comfortable to the patient, and entirely under the control of the surgeon."

Can any man write the English language more clearly? I appeal to the profession! Am I then to be traduced for being wanting in honor in not making proper mention of Dr. Davis, as these gentlemen have charged me?

The best proof that the modification is an improvement, is the fact that Dr. Davis has now adopted it in his own instrument. Pardon me, Mr. President, if in these remarks I have overstepped the bounds of prudence; but justice to myself demanded they should be made. And now, sir, so far as I am concerned, this is the last of this subject, and I hope for ever.

I will now proceed to discuss the subject under consideration. Dr. Post has given to the Academy a very excellent exposé of the subject, and I can clearly recognise the chief features of my report in his statement. But the learned gentleman has signally failed to appreciate the pathology of hip-disease, which I think is indispensable, since it, and it only, furnishes us with the scientific basis for rational therapeutic action. In part, Drs. Watson and Bauer have already supplied this deficiency, and but little is left for me to add to their remarks on this part of the subject. Dr. Sayre then proceeded to enlarge on the subject pathologically in its various stages. We omit, however, this portion of his remarks, as his views on this particular point are already before the profession in his report.

What the report, however, did not contain, was the treatment of the sequelæ, or effects of the disease, when left to itself, and its spontaneous relief, viz: permanent impediment of the joint, and deformity. I am anxious, said he, to supply this deficiency at my earliest leisure, and I embrace this opportunity only for the purpose of referring to this very important branch of the subject under consideration.

There can be no further doubt as to the efficiency of

* Trans. Amer. Med. Asso., Vol. XIII. 1861.

surgical aid in these cases; and I may be permitted to relate one or two cases in confirmation. In November last, I was called to Hartford, Conn., by Dr. Curtis, to advise in a case of anchylosis of the hip-joint with very great deformity. The patient was a young lady, aged 14. When three years old, she was attacked with what was thought hip-disease, from which she suffered four years, at last resulting in perfect immobility, and acute angular flexion, and adduction of the thigh. The flexion was so great that the anterior surface of the thigh was in close contact with the abdomen, producing constant excoriation. The heel was placed on the opposite thigh, two inches above the knee-joint. It may easily be imagined how much this deformity interfered with the bodily requirements. Most physicians who had seen the patient, pronounced it dislocation into the ischiatic notch, and declared it on that account irremediable. Not knowing whether the joint itself was anchylosed, or whether the fixed position of the joint depended on osteophytes, I decided on the following plan: first to divide all the contracted flexor and adductor muscles, then to try a moderate force, sufficient to fracture off the osteophytes, and in case of failure, then to perform Rhea Barton's operation. This procedure required necessarily great discretion, on account of the possibility of producing diastasis of the head of the femur. After putting the patient fully under chloroform, and dividing all the contracted muscles, and a portion of the vagina-femoris which was very short and tense, I succeeded with a moderate amount of force, in freeing the head of the femur from its fixed position. Every one in the room distinctly heard the breaking of bony substance, which could have been but osteophytes around the joint; for immediately afterwards the joint itself moved tolerably smoothly. I suggested to follow up this result by constant extension over a pulley, and rest, with such local antiphlogistic applications as might be necessary, until all inflammation had subsided; and at a proper time, to apply the hip-splint, and encourage exercise. Since this time I have not seen this patient, but I have received a letter from Dr. Curtis, dated the 5th of March, in which he states, "Her limb is entirely down upon the floor, and of equal length with the other. She has free motion of the joint, and there is no pain whatever on pressure. She walks with a cane only, having left off the instrument for more than two weeks; and I think she will not be obliged to resort to it again." From the fact that osteophytes caused the impediment of the joint in this case, and the fact that the limb is now of the same length as the other, I infer that the original difficulty was periostitis only.

I could refer also to another case sent to me by Dr. Gunn of this city, of genuine morbus coxarius of seven years' standing, resulting in permanent anchylosis in the straight position with four inches shortening, caused partly by the twisting of the pelvis, and partly from absorption of the bone, and arrest of development in the limb. In this case the contracted muscles were divided, and the adhesions broken up with equally satisfactory results, with the exception of the length of the limb, which of course cannot be restored. But motion has been given to the joint, and the limb is rendered useful, so that she can walk without a cane or crutch. I could narrate many more similar cases; but merely mention these as type cases of the different diseases which result in deformities of this joint.

Dr. Sayre, in conclusion, exhibited a hip-splint he was now using, which allowed free motion of the knee-joint; and another apparatus for the extension in the diseases of the knee-joint, which enabled the patient to take exercise in the open air. He had used this instrument for some months, in quite a number of cases, with the greatest benefit, and could therefore confidently commend it to the attention of the members.

Dr. Parker: I wish to ask Dr. Sayre if I understood him to say that the case treated by him in this neighborhood was complete anchylosis. I am surprised if it should have proved so to be. I will further ask Dr. Sayre what he means by the expression used in his report that "motion is as essential to the joint as light to the eye." I now wish to know whether the object of that splint first suggested by Dr. Davis, and afterwards adopted by Dr. Sayre, is to give motion to the diseased joint or to the whole body. My own conviction is, that the great law which obtains everywhere in inflammation, obtains also in the joint; light is for the eye in a healthy state, but in disease light should be excluded. The treatment of inflammation in the early stage is *rest*. We get our extension and counter-extension by the application of this splint, and thereby we accomplish everything in the joint. Our patient gets the air, but that *joint is still at rest*. The great advantage of Davis's splint is, not that it enables us to give motion to the joint, but that it allows the patient the opportunity to exercise, to lift him up to the getting-well point. The time at length arrives when the activity of the inflammation subsiding, the great doctrine of passive motion comes in, which with this splint can be commenced earlier than by the use of any other means. In conclusion, I repeat the question, does he use the expression already cited as applying to the diseased or to the healthy joints?

Dr. Sayre, in answer to the question, stated that in the case already quoted, he should not say that the anchylosis was complete, but he supposed it to be one of those cases where osteophytes shot out around the joint like stalactites, and thus riveted the parts together; certain it was that when he broke up the adhesion there was a sensation as if such a state of things existed. In relation to the second question, he stated that the principle upon which the instrument was applied was to permit motion in order to take exercise before the disease was entirely cured, and prevent the return of the disease by pressure, and the crowding of the two synovial surfaces against one another.

Dr. Watson then moved that the subject for discussion be continued the next meeting.

The Academy then adjourned.

Recent Inventions.

The following wood-engravings represent an apparatus for the application of gases, vapors, and chloroform, invented by Mr. S. E. Smith, Surgeon to the National Ear Institution, London, editor of the "*London Medical Review*:"—

This instrument has been most successfully used by Mr. Smith in the treatment of chronic inflammatory diseases of the middle ear, by means of the application of gases, vapors, etc., to the tympanum through the Eustachian tube; more

No. I.

especially the bromuretted vapor, many cases of deafness of

long standing having been cured which had hitherto resisted all other treatment.

The instrument is simple and compact in form, and so constructed that it can be used to any internal organ of the human body where a catheter can reach; but it is more especially applicable to the tympanic cavity through the Eustachian tube and to the bladder. It can also be used for the inhalation of vapor in diseases of the mucous membrane of the mouth, fauces, and tonsils, and in deafness arising from diseases of these parts extending into the tympanum. It is also useful in certain affections of the larynx and bronchiæ, and by the use of different shaped glasses to fit various parts of the surface of the body it is said to have been highly beneficial for the application of gases, chloroform, and several powerful remedial agents to malignant and other external tumors.

Illustration Number I. shows the surgeon in the act of applying the instrument, when required for the treatment of disease in the tympanic cavity through the Eustachian tube:

No. II.

Number II. shows the instrument in use when required for the treatment of disease in any part of the throat:

No. III.

Number III. shows it in use when required for tumors, etc., on any part of the surface of the body:

Mr. Baillière, of London, has just brought out a new work on the Ear, from the pen of the inventor of this apparatus, in which several interesting cases of deafness are illustrated, treated with the bromuretted vapor.

Correspondence.

THE INEFFICACY OF CROTON OIL AND TARTAR EMETIC, WHEN APPLIED TO THE SKIN.

[To the Editor of the American Medical Times.]

Sir:—I have thought possibly that the following result of my experience in the use of croton oil and tartar emetic might be of service to the profession in the way of destroying the confidence which has been placed in them, when applied to the skin. The idea that croton oil will purge if applied to the umbilical region or anywhere else on the skin, must be a mistaken one. In some dispensatories it is asserted that it will do so; I have employed croton oil externally, for some years to the chest, abdomen, and extremities; I have seen it applied by mistake to the hair for hair oil, but I never yet observed the least purgative or even laxative effect from it. It will no more cause purging, if applied to the abdomen, than tart. emetic ointment will cause emesis. If Croton oil, when applied endermically, ever appeared to act on the bowels, the action was either caused by the friction employed or by the impression made on the patient's mind by being told that croton oil would act in that way; bread pills have been known to purge—nay, even a few drops of cold water will drive off pain. An acquaintance of mine, of a violent temper, and a great believer in homœopathy, was in the habit of using aconite for some abdominal pain. One night he was seized with the pain; his wife got out of bed to fetch his favorite aconite. Alas! the vial was empty, the wife was astounded; none could be had that night; her husband was impatient; she heard his groans afar off. She thought that for once she would play him a ruse: she filled the vial with cold water, and in his presence poured out a few drops. In a quarter of an hour he was relieved, and blessing his beloved aconite, he turned over asleep.

Croton oil does not affect the skin of every one: the other day I ordered some oil to be applied to the chests of two children laboring under bronchitis; they were twins of two years old; on the one it acted well, and on the other not at all. I have seen several instances of the same kind.

It is also said that tart. emetic, if applied to the thorax, will cause pustules on the scrotum through the action of the organic nerves. I have used tartar emetic in the form of ointment and plaster very often. I have had to employ it to myself on several occasions, but I never saw pustules in the scrotum save in one case, and then I traced it to the flannel of the patient; a large quantity was rubbed on the chest; it came off in the flannel shirt, and thereby reached the scrotum. A month ago, a man was seized with a most violent inflammation of the scrotum from croton oil. He, on the eve of going to bed, rubbed the oil to his chest pretty freely, and popped in without washing his fingers. His scrotum being itchy during the night, he rubbed it; next day the scrotum was swelled to an enormous extent. It was a week before he could leave the bed.

Yours, etc.,

John Burke, M.D.

New York City, March 18, 1861.

FOREIGN CORRESPONDENCE.

[Letter from David P. Smith, M.D.]

EDINBURGH.

January 16.—Prof. Syme to-day lithotomized a boy six years old, who had had symptoms of stone for three years. He performed the lateral operation very leisurely, holding the index finger upon the front or cutting edge of the blade, and taking plenty of time to extract the stone, which proved in this case to be very large—fully one inch and a quarter in diameter. I observed that a tube was intro-

duced into and retained in the wound. Mr. Syme next removed a tumor from the forearm, which externally appeared to be fibrous, but on cutting into it cancerous tissue was apparent. It also had spread into the muscles adjoining—a very suspicious circumstance. Dr. Gillespie next reduced a dislocation of the shoulder in a powerful man, without chloroform, with his heel in the axilla.

Prof. Simpson advises that, when labor is obstructed by a hydrocephalic head, we should not perforate the cranium and to a certainty destroy the child, but should tap it with a trocar; thus performing in utero the operation most calculated to be of service to it in mundo. Again, when it is a footling case, and the hydrocephalic head cannot be born, he advises, instead of using great traction or endeavoring in this awkward situation to puncture with trocar, to cut across the spine, when the fluid will immediately find exit. Dropsy may occur in the other cavities of the fœtus; especially pleuritic and peritoneal effusions. In Dr. Gairdner's wards yesterday and to-day I saw a case of delirium tremens with grave pneumonia. To-day there is great improvement. Treatment: One quarter of a grain of tartar emetic every four hours, and brandy, six ounces in the twenty-four hours. The case of tricuspid murmur presents now slight derangement in quality of first sound and occasional intermissions. Prof. Laycock to-day, while lecturing upon the hemorrhagic diathesis, said that he had seen several cases of severe bleeding after the extraction of teeth, and thought that the best way to arrest the flow was to first put a little cotton wool, saturated with tr. ferri sesquichlor., into the cavity, and then cutting a piece of soft cork into the shape of the tooth, press it into the cavity, and then closing the mouth; in this way keep up constant pressure.

January 17.—Mr. Edwards gave a very good suggestion as to club-foot shoes, which was to have a hole under the heel through the sole, by means of which it can be at any time easily ascertained whether the heel is or is not down.

Mr. Syme remarked upon lithotomy as follows: Cheselden's operation is the perfection of lithotomy, and when properly performed unquestionably furnishes the best results. The error of cutting too little arose in Glasgow. A surgeon of that place, influenced by the examination of a fatal case where he found that he had cut beyond the limits of the prostate gland, wrote a pamphlet in which he urged the importance of making very limited incisions. Mr. Liston was deeply impressed by this, and adopted the principle in his practice. In fact, whenever he wrote to his friends he would, when the subject of the letter was wholly irrelevant, write as a kind of text or maxim to be kept always before the mind, "The less that is cut the better." I would urge equally strenuously this maxim, "The elastic ring must be cut." Again, on lithotripsy, Mr. Syme remarked with great animation, as follows: I think lithotomy safer than lithotrity. A man with stone goes to a surgeon to be relieved of it. Lithotrity is performed, every fragment is removed, the fee is paid; the man returns home, and the case is set down as a cure. But in a great majority of cases, sooner or later, symptoms of inflammation of the bladder come on, even where there is not any fragment remaining, making the man perfectly miserable. I have seen most tremendous suffering when, after death, an autopsy proved that there were no fragments. In addition to these remarks of Mr. Syme, let me say that a surgeon of this place told me that he, when house surgeon in London, saw many suffering most excruciating agony after lithotrispy had been practised, and he mentioned one case in particular where a man with most capacious urethra, and a small stone, in fact a model case, died in five days after crushing had been performed by a most accomplished surgeon.

A patient was shown for whom Mr. Syme had made a new nose about four weeks ago. Although not of the most classical style of beauty, yet it made a very respectable appearance, and appeared to be well nourished. Surprisingly little cicatrix was left in the cheeks from which the flaps had been slid to form the new nose. A man was also shown from whom a short time since an epithelial cancer of the lower lip had been removed, by oval incision. No deficiency of lip was observable; perhaps a little more stiffness of the under rather than of the upper lip.

January 18.—Prof. Simpson, in remarking upon retardation of labor by mal-presentations, after enumerating the usual deviations to be met with, related several cases where he had found one arm twisted around behind the neck, and almost entirely stopping labor. In fact, unless the pelvis is very roomy delivery must be effected by turning. The first case he met with he was so puzzled by the unusual state of things that he took the precaution to touch the presenting lusus naturæ with a stick of nitrate of silver, so that he might know the offending member after birth. In order to make a certain diagnosis in all such extraordinary cases it is advisable to chloroform the woman profoundly, and then introduce the whole hand and make a thorough examination. Spasmodic and unequal contractions of the uterus often delay labor. Says the Professor: "I once saw a case where the os uteri was so firmly closed around the neck of the child that all attempts to extract with the forceps proved unavailing until I ceased to pull when the uterus was contracting, and drew gently and firmly down *between* the pains."

Mr. Syme to-day excised a suspicious ulcer with a hard base from the left side of an old woman, aged seventy-three years, about midway of the crest of the ilium and the last rib. A fibrous tumor began growing in the site of this ulcer in 1800, sixty-one years ago. Three years ago it began to grow rapidly, and three months ago it sloughed out, leaving this ulcer. The case of injury to the brain resulting from the fall of a slate, which I have already mentioned is now—eighteenth day since accident—well. Mr. Syme seems to attribute a good share of the fortunate result to the fact that firm pressure was kept up for nine days by a pad of lint which was placed over the longitudinal sinus to restrain profuse hæmorrhage, which occurred immediately upon the withdrawal of a spicula of bone which was driven into the sinus. Fungus cerebri was, he thinks, prevented by this pressure; and he announced his intention to adopt the same practice in a similar case even without any hæmorrhage, for the sole purpose of preventing protrusion. Also a wound, a cut, of the brain is far less dangerous than a bruise—far less liable to be followed by hernia cerebri. A boy fifteen years old was operated upon for necrosis of the tibia, and a large piece removed. In connexion with this let me remark, that I have not yet found here any just appreciation of the power we certainly have to prevent necrosis. They cut down, after the inflammation is over, and remove its result; beyond that no effort is made. I think the reason is that operations here upon the bones are very often followed by fatal results. A woman from whose fibula I saw an exostosis removed a short time since, died in two or three days of obstructive phlebitis. Dr. Gillespie removed to-day a boy's foot at the ankle-joint. The os calcis was the only bone diseased, and should have been the only part sacrificed; but in Edinburgh partial amputations of the foot find no favor. An ukase has gone forth from one high in authority to the effect that amputations at the ankle are to be preferred, and doubtless for some time that will be the practice here. Curiously enough, I have not seen a single case here where amputation has been performed, that had not either scrofulous abscesses or carious joints in other parts of the body.

January 19.—Dr. Rutherford Haldane, at his pathological lecture to-day, mentioned a case of fatal erysipelas of the head, where, at a post-mortem examination he found that peritonitis and pleurisy had taken place, and not inflammation of the membranes of the brain. Another case presented on post-mortem the following lesions:—Atrophy and slightly inflammatory softening of the brain; enlargement of prostate; bronchitis; emphysema; adhesions in the pericardium; enlargement of the heart. Atrophy of brain, he remarked, is almost constant in advanced life, and

the increased amount of serum in the ventricles is a direct result of a provision of nature to fill up the resultant vacuum. Granules of a brown color, irregularly scattered over the surface of optic thalamus under the microscope, were found to be composed of fat. This state of atrophy predisposes to apoplexy. He thought that adhesions from pericarditis rather tended to diminish the size of the heart, and that the general impression that the heart, in struggling against its restraints, grew larger, arose from the fact that these cases were almost always complicated with valvular disease, as in the present case, and that the increase in size of the heart arose from the valvular lesions.

A man presented himself at the Infirmary to-day, for advice concerning a pulmonary complaint, who exhibited a most striking example of the benefit of judicious and careful surgery. *Careful, full of care* for the interests of the patient. His hand had been amputated in Savannah, America, on account of a severe burn, and evidently every bit of tissue possible had been saved, for very ragged and irregular projections here and there projecting from the stump were to be seen. Every bit of this irregular, unseemly-looking stump seemed instinct with life, and although hardly three lines in length each projection was wonderfully useful, putting to shame many lazy fingers of normal length. Such a case, although generally disregarded, has more practical instruction in it than a hundred amputations, showing as it does to those who love the human form divine that every shred of living skin, every fragment of palpitating muscle is valuable, and will ameliorate the future existence of our patient, if we suffer it to remain. I cannot but admire the plan first, I believe, proposed and carried into execution successfully by Dr. Potter, who, in the report of a case of amputation at the hip-joint which has recently appeared in your pages, mentions leaving quite a long stump of muscle so as to render the adaptation and use of an artificial limb quite feasible. Dr. Potter is personally unknown to me, but I trust he will forgive this liberty. I know that men in general would rather make a clean regular wound, and by the knife save themselves the future trouble of dressing a shaky finger, but to my mind every inch of living tissue should be saved, especially in the hand.

(*To be continued.*)

Medical News.

POSTPONEMENT OF THE NEXT MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

Sir:—The undersigned committee, appointed to make the necessary arrangements for the Annual meeting of the Association in this city in June next, hereby give notice, that said Annual meeting will be *postponed* until the first Tuesday in *June*, 1862; on account of the present grievously disturbed condition of the whole country.

N. S. Davis,
G. Bloodgood,
De Laskie Miller,
J. W. Freer,
E. Andrews,
Thomas Bevan,
H. W. Jones,
} Committee of Arrangements.

Chicago, April 25, 1861.

Number of Physicians in U. S.—The number of physicians in the U. S. is estimated at 40,481.

Extraordinary Growth of Toe Nails.—Mr. Partridge, at the meeting of the Pathological Society of London (April 2, 1861), presented a toe nail from a woman, which was *six inches in length.—Lancet.*

High Microscopic Power.—Mr. Ross, at the request of Dr. Lionel Beale, has lately produced a lens with a power of *one twenty-sixth of an inch.*

Jacksonian Prize.—At a meeting of the Council of the Royal College of Surgeons of England, on the 9th instant, the Jacksonian Prize was awarded to Mr. Henry Thompson, of Wimpole Street, Cavendish Square, a Fellow of the College, and one of the Surgeons of the University College Hospital, for his essay on "The Healthy and Morbid Anatomy of the Prostate Gland." This is the second occasion on which Mr. Thompson has carried off the Jacksonian Prize.—*British Med. Journal.*

Pigs' Bladders for Poultices.—M. Dechange, a Belgian surgeon, recommends the employment of pigs' bladders as a means of applying poultices to the fingers or toes. Evaporation is thus prevented, and additional heat can be obtained by introducing the bladder into tepid water. When once the bladder is obtained, all trouble is ended.

Regimental Surgeons, N. Y. State Volunteers.—The Commission, composed of Drs. March, Cogswell, and Hun, appointed to decide upon the qualification of applicants for the posts of Surgeon and Surgeon's Mate, N. Y. State Volunteers, have reported to the Governor the following successful candidates for the respective posts, out of 101 applicants. *Surgeons.*—J. Atherly, Albany; Nor'n S. Barnes, Rochester; N. Barrows, New York; Elias L. Bissel, Buffalo; J. C. Bogardus, New York; Reed B. Bontecou, Troy; H. E. Brown, Fort Hamilton; F. L. R. Chapin, Albany; James Chapman, Medina; Wm. B. Coventry, Utica; Wm. B. Crandell, New York; Edward L. Dunster, New York; Edward B. Dalton, New York; E. F. Eisenford, New York; J. W. S. Gouley, New York; Jas. D. Hewett, New York; J. Lawrence Hicks, New York; A. H. Hoff, Albany; John Howe, New York; W. F. Hutchinson, S'dy Hill; J. Foster Jenkins, Yonkers; Daniel L. Little, Rochester; Geo. W. Lovejoy, New York; Edward Linch, Brooklyn; F. E. Martindale, Brooklyn; Adolph Mayer, Albany; F. J. Mattimore, Albany; W. O. Meagher, New York; I. Moses, New York; A. F. Mudie, N. York; C. J. Nordguist, Tuckahoe; G. H. Oliver, New York; H. A. Potter, Geneva; J. D. Petherbridge, Geneva; L. Reynolds, Oswego; T. R. Spencer, Geneva; A. J. Steele, Rochester; J. L. Van Ingen, Sch'a; D. H. Young, Albany. Total, 39. *Surgeon's Mates.*—Geo. W. Avery, Rochester; J. G. Bacon, Essex, Conn.; G. S. Beardsley, Oneida; A. C. Benedict, Dover; Wm. B. Chambers, Albany; L. Demainville, Buffalo; Henry C. Dean, Victor; D. B. Dewey, Whitehall; Frank W. Doolittle, New York; Alex. A. Edmeston, Albany; V. V. Elting, Hudson; G. H. Fossard, Port Jervis; Morris Franklin, N. York; Chas. H. Hewett, Geneva; A. M. Helmer, Lockport; A. W. Hollen, Glens Falls; Wm. E. Johnson, Waverley; Wash. Kilmer, Albany; Wm. B. Mann, Brockport; M. L. Mead, Albany; Le Roy McLean, Troy; J. H. Moore, Plattsburg; J. W. Moore, Cohoes; P. C. Pease, New York; Jos. A. Peters, Buffalo; F. Prentice, New York; J. Priestley, New York; W. W. Potter, Cowlesville; G. M. Ramsey, New York; Julius Skilton, Troy; H. M. Sprague, New York; Geo. Steinert, Albany; W. H. Tanner, Hart's Ville; G. B. Todd, Fayetteville; F. L. Town, New York; J. J. Van Rensselaer, Gb'h; B. F. Vosburgh, E. Chatham. Total, 37.

Volunteer Surgeons, Maine.—Dr. W. R. Richardson has been appointed Surgeon to the First Regiment, Maine, in place of Dr. S. H. Tewksbury, who declined the nomination on account of pressing private business. Dr. A. A. C. Williams is the Surgeon's Mate.

Illumination.—It appears that the difference in the illuminating power of the same gas may vary twenty per cent., when tested at the highest and at the lowest points of the barometrical range in this country, from the effect of the rarefaction of the air alone, without taking into consideration the different densities of the gas at the opposite degrees of pressure.—*British Medical Journal.*

Gratuitous Medical Services.—At a meeting of the Suffolk District Medical Society, held on Saturday, April 20, it was unanimously voted, that the members of the Society will furnish their professional services gratuitously to the families of the volunteers called into the service of the United States.—*Boston Med. and Surg. Journ.*

REPORT OF THE DISPENSARIES OF THE CITY OF NEW YORK

For the Month of April, 1861:

	New York Dispensary.	Northern Dispensary.	Eastern Dispensary.	Demilt Dispensary.	N. Western Dispensary.	Grand Totals.
Number of male patients	1907	870	1640	1256	548	6221
Number of female patients	2314	1364	1661	1775	761	7875
Totals	4221	2234	3301	3031	1309	14096
Treated at dwellings	668	412	442	565	208	2295
Treated at Dispensaries	3553	1822	2859	2466	1101	11801
Primary vaccinations	687	367	1085	628	180	2947
Revaccinations	89	53	256	52	15	415
Whole number vaccinated	727	420	1841	680	195	3302
Number of adults	2739	1217	1109	1350	788	7193
Number of children	1492	1017	2192	1681	521	6903
Number native patients	1584	1167	2084	1789	518	7032
Number foreign patients	2637	1127	1217	1292	761	7064
Number sent to Hospital	620	29	104	25	18	796
Number of deaths	36	6	15	17	—	79
Prescriptions dispensed	8055	3215	4885	5016	2763	23934

During the month of April, as above shown, medical and surgical services, vaccination, and medicine were afforded gratuitously to 14,069 persons.

The principal causes of death were consumption and scarlet fever.

The prevailing diseases chiefly affected the respiratory and circulatory system. Among the most important were bronchitis, rheumatism, small-pox, scarlet fever, and measles.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK,

From the 29th day of April to the 6th day of May, 1861.

Abstract of the Official Report.

Deaths.—Men, 93; women, 75; boys, 103; girls, 115—total, 386. Adults, 168; children, 218; males, 196; females, 190; colored, 5. Infants under two years of age, 130. Among the causes of death we notice:—Infantile convulsions, 28; croup, 7; diphtheria, 14; scarlet fever, 24; typhus and typhoid fevers, 2; consumption, 66; small-pox, 15; dropsy of head, 12; infantile marasmus, 16; puerperal fever, 4; inflammation of brain, 6; of lungs, 18; bronchitis, 7; congestion of brain, 4; of lungs, 2; erysipelas, 5; whooping cough, ; measles, 12. 211 deaths occurred from acute disease and 17 from violent causes. 248 were native, and 138 foreign; of whom 61 came from Ireland; 6 died in the Immigrant Institution, and 54 in the City Charities; of whom 14 were in the Bellevue Hospital.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market building, No. 57 Essex street, New York.

April and May 1861.	Barometer.		Temperature.			Difference of dry and wet bulb. Thrm.		Wind.	Mean amount of cloud.	Rain.
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.		0 to 10	
	In.	In	°	°	°	°	°			
28th	29.47	.10	57	48	66	3	3.5	N.	8	.2
29th	29.67	.20	64	54	78	13	18	W.	0	
30th	29.60	.20	57	48	67	9	15	N.	4	.1
1st	29.75	.15	50	44	56	8	14	W.	7	.84
2nd	29.90	.20	44	37	47	11	14	N.W.	0	
3rd	29.99	.10	43	36	50	5	10	S.W.	8.8	
4th	29.77	.25	42	37	47	5	10	N.E.	6	

REMARKS.—28th, Rain A.M.; 29th, Wind, fresh; 30th, P.M. cloudy; wind, fresh; rain at 3 o'clock; 1st, Variable, showers and squalls during the day; 2nd. Fresh wind, all day; 3rd, Wind fresh A.M., rain storm P.M.; 4th, Storm A.M., clear P.M. First week of May, unusually cold; ice formed in exposed localities on the night of the 2nd and 3rd.

MEDICAL DIARY OF THE WEEK.

Monday, May 13.
- New York Hospital, Dr. Markoe, half-past 1 P.M.
- Eye Infirmary, Diseases of Eye, 12 M.
- Bellevue Hospital, Dr. Clark, half-past 1 P.M.

Tuesday, May 14.
- New York Hospital, Dr. Buck, half-past 1 P.M.
- Eye Infirmary, Diseases of Ear, 12 M.
- Ophthalmic Hospital, Drs. Stephenson & Garrish, 1 P.M.
- Island Hospital, Dr Sayre, 1 P. M.

Wednesday, May 15.
- Eye Infirmary, Operations, 12 M.
- New York Hospital, Dr. Bulkley, half-past 1 P.M.
- Academy of Medicine, 8 P.M.

Thursday, May 16.
- Ophthalmic Hospital, Drs. Stephenson & Garrish, 1 P.M.
- New York Hospital, Dr. Markoe, half-past 1 P.M.
- Bellevue Hospital, Dr. Taylor, half-past 1 P.M.

Friday, May 17.
- New York Hospital, Dr. Buck, half-past 1 P.M.
- Eye Infirmary, Diseases of Eye, 12 M.
- Bellevue Hospital, Dr. Macready, half-past 1 P.M.

Saturday, May 18.
- Bellevue Hospital, Dr. Gouley, half-past 1 P.M.
- Ophthalmic Hospital, Drs. Stephenson & Garrish, 1 P.M.
- New York Hospital, Dr. Bulkley, half-past 1 P.M.
- Emigrants' Hosp., Ward's Island, Dr. Carnochan, 3 P.M.
- Eye Infirmary, Diseases of Ear, 12 M.

SPECIAL NOTICES.

Academy of Medicine.—*At the next meeting, May* 15, Dr. John Watson *will open a discussion on the propriety of Artificial Openings into the Hip and other Joints, in the treatment of the diseases of said joints: after which* Dr. J. R. Wood *will read a paper on Necrosis and Reproduction of Bone, illustrated by Cases.*

A Systematic Course of Practical Instruction in Nursing and Hospital Hygiene has been commenced at the Philosophical Rooms of the Cooper Institute, *under the direction of a Central Committee of Physicians and Ladies.*

The Ladies' Committee for Examining Volunteer Nurses, meet at their Rooms daily from 2 *to* 4 *P. M. Applicants who have been approved by that Committee and by the Sub-Committee of the Hospital Boards,* Drs. Isaac Wood, E. Delafield, *and* E. Harris, *will be permitted to enjoy practical instruction in the Hospitals.*

Dr. Harris, *or some Physician from the Hospitals, will meet the Nurses at the* Cooper Institute *daily at* 4 *P. M.*

The Ladies' Committee will be in attendance at the Rooms from 2 *to* 4 *o'clock P. M.*

A Medical Gentleman, of this city, desires to form a business connexion with a physician of well established practice in Brooklyn. For full particulars, address Dr. C., Post Office, Box 3719.

Medical Director's Office, New York State Volunteer Forces, New York, Elm and White streets.

Surgeons of Regiments of the New York State Volunteers are hereby informed that ample provision has been made by the State for the care of sick volunteers in the New York Hospital. None but enrolled and accepted volunteers, however, are eligible. Admission will be granted upon the order of the Regimental Surgeon subject to the approval of the Medical Director.

C. R. AGNEW, Medical Director.

MEDICAL BOARD.

A Medical Board will convene in the city of New York on the 1st of May ensuing, for the examination of candidates for admission into the Medical Staff of the United States Army, in accordance with the following Order.

There are now five vacancies in the Medical Staff.

War Department, Adjutant General's Office, Washington, March 13, 1861.

Special Orders, No. 76.

A Board of Medical Officers will assemble in New York city on the 1st day of May next, or as soon thereafter as practicable, for the examination of Assistant Surgeons for promotion, and of such candidates for appointment as may be invited to present themselves before the Board.

DETAIL FOR THE BOARD.

Surgeon Clement A. Finley,
" Charles McDougall,
" W. J. Sloan.

By order of the Secretary of War:

L. THOMAS, Adjutant General.

Applications must be addressed to the Secretary of War; must state the residence of the applicant, and the date and place of birth. They must also be accompanied (references will receive no attention) by respectable testimonials of his profession, the moral and physical qualifications requisite for filling creditably the responsible station, and for performing ably the arduous and active duties of an officer of the Medical Staff. Applicants must be between twenty-one and thirty years of age.

There are now five vacancies in the Medical Staff.

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An Essay on the History, Pathology, and Treatment of Diphtheria; by E. Copeman, M.D. 8vo. London. 50 cents.

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AUBERGIER—Syrup of Lactucarium.
do Paste of Lactucarium.
AYMES Licorice Drops, Violets perfume.
BARRESWILLE—Tannate of Quinine Pills.
do do do Lozenges.
do do do Powder.
BELLOC—Vegetable Charcoal Powder.
do do do Lozenges.
BERAL—Tartrate of Potash and of Iron.
do Citrate of Iron.
do Carbonate of Iron.
do Citrate of Iron and of Quinine.
do Lactate of Iron.
do Iron reduced to Hydrogen.
do Officinal Chalk without odor.
do Dragees of Lactate of Iron.
do Ferrugineous of Nancy for Rusty Water.
do Lozenges of Citrate of Iron.
do do of Lactate of Iron.
lo Saccharine of Citrate of Iron for Rusty Water.
do Syrup of Citrate of Iron.
do Syrup of Iodide of Iron.
do Poor Man's Plaster.
BERTHE—Cod Liver Oil.
do Syrup of Codeine.
BILLARD—Creosote.
BLANCARD—Pills of Iodide of Iron.
do Syrup do do.
BONJEAN—Dragées of Ergotine.
BOTOT—Tooth Water.
do Tooth Powder.
BOUDAULT—Anti-Dyspeptic Pepsine.
do Additional Pepsine.
BOYVEAU—Rob Boyveau Laffecteur.
BRIANT—Syrup Antiphlogistic.
BROU—Injection.
BUGEAUD—Balsam for the Nerves.
CASHOO of Bologne.
CAUVIN—Digestive Pills.
CHABLE—Injection.
do Syrup of Citrate of Iron.
do Depuratif Vegetal.
do Mineral Bath.
do Perfumed Bath.
do Toilet Water for Ladies.
do Anti-Tetter Pomatum.
do Pomatum for Piles.
CHARLES ALBERT—Bol of Armenie.
do Wine of Armenie.
CLERAMBOURG—Golden Pills.
do Grains of Life.
do Cough Syrup.
do Paste.
CLERET—Iodide of Potassium Rob.
do Pills of Iron and of Quinine.
CLERTAN—Pearls of Ether.
do do Chloroform.
do do Assafœtida.
do do Castoreum.
do do Digital.
do do Valerian.
do do Esa. of Turpentine.
COLTAS—Benzine in Bulk.
do Dragees of Santonine.
COURCELLES—American Elixir.
CROSNIER—Syrup Mineral and Sulphurous.
do Pills of Iodide of Iron and of Quinine.
DAROLLES—Rum Punch.
DEGENETAIS—Pectoral Paste.
do Syrup of Calf Lungs.
DEHAUT—Purgative Pills.
DELABARRE—Toothing Syrup.
DELANGRENIER—Nafe Paste.
do Syrup of Nafé.
do Racahout des Arabes.
DESBRIERES—Magnesia Chocolate.
DICQUEMARE—Melanogène (hair dye).
do Fixateur (for the hair).
DORVAULT—Horse Radish Syrup.
DUPONT—Regenerator.
do Anti-Glairous Elixir of Guillie.
DUSOURD—Ferruginous Syrup.
EAU—De Melisse des Carmes.
ESPIC—Pectoral Fumigator.
FAYARD—Paper.
FLON—Lenitive Syrup.
FORGET—Cough Syrup.
FRANK—Grains of Health.
GAFFARD—Granules of Digitaline
do do. of Atropine.
GARNIER LAMOUROUX—Sugar-Coated Pills.
GAUTIER-LACROZE.—Syrup of Aconite.
do Balsam of Aconite.
GELIS & CONTE—Dragées of Lactate of Iron.
GENEVOIX—Iron reduced by Hydrogen.
do Anti-Gout or Oil of Horse-Chestnut.
do Dragées of Iron reduced.
GEORGE—Pectoral Paste.
GILLE—Dragées of Proto-Iodide of Iron.
do Depuratives Dragees of Lepetit.
do Syrup Proto-Iodide of Iron.
GUERIN—Balsamic Opiat.
GUILLIE—Anti-Glairous Elixir.
GUILLIERMOND—Syrup Iodo-Tannique.
HEMEL—Powder for Dogs.
HOGG—Cod Liver Oil.
do Pills of Pepsine.
do do do and Iron.
do do do and Proto-Iodide of Iron.
HOMOLLE & QUEVENNE—Granules of Digitaline.
HUFELAND—Digestive Liquor.
JOY—Pectoral Fumigator, Anti-Asthmatic.
KERATOPHILE—Pomatum for Horse Hoofs.
LABARRAQUE—Disinfecting Fluid.
do Wine of Quinium.
do Pills of Quinium.
LABELONYE—Syrup of Digitale.
LAMOUROUX—Syrup of "
LAROCHE—Wine of Quinia Bark.
LARREY—Cleansing Syrup.
LARTIGUES—Anti-Gout Pills.
LAURENT—Medicated Dragées.
LAVILLE—Anti-Gout Pills
do do Liquor.
LEBEL—Scordium Powder.
do Savonules of Copaiba.
LECHELLE—Hemostatic Water,
do Castoreum Nevrosine.
do Anti-gout.
do Anti-Dolour, Silk,
do Cleansing Syrup of Larrey.
LECHELLE—Cubeb, Solid and Concentrated.
do Anti-Putrid Water.
do Anti-Fever Powder.
do Collyre Divin (Eye Wash).
LERAS—Liquid Phosphate of Iron.
do Dragées of do do.
do Syrup of do.
LEROY—Vomitif.
do Purgatif.
do Pills.
MATHEY-CAYLUS—Capsules pur Copaiba, &c.
MEGE—Pur Copahine, &c.
MENE MAURICE—Acoustic Oil.
MONDINI & MARCHI—Cachou of Bologne.
MOTHES—Capsules of Copaiba.
do do of Cod Liver Oil.
MOURIES—Farina for Children.
do Chocolate do.
NAFE—See "Delangrenier."
OLIVIER—Depurative biscuit.
PAUL GAGE—Taffetas.
do Anti-glairous Elixir of Guillié.
PELLETIER—Elixir and Odontine.
PEPSINE—See "Boudanit."
PERSONNE—Iodine Oil.
PETREQUIN—Pills of Proto-Iodide of Iron.
PHILIPPE—Tooth Wash.
do Tooth Powder.
do do Charcoal and Quina.
do Kousso, ordinary dose.
do do strong dose.
PIERLOT—Valerianate of Ammonia.
PRODHOMME—Essence of Sarsaparilla.
QUERU—Cod Liver Oil Jelly.
QUEVENNE—Dragées of Iron reduced.
RACHAOUT—See "Delangrenier."
RAQUIN—Copaiba Capsules.
REGNAULT—Pectoral Paste.
ROBIQUET—Syrup of Pyro-Phosphate of Iron.
do Dragées of do do
DR. ROUSSEAU—Celestial Water for the Eyes.
ROYER—Cod Liver Oil.
ROGE—Citrate of Magnesia Powder.
do do Lozenges.
SAMPSO—Injection.
SEDLITZ—Powder.
SEGUIN—Wine.
SEIGNORET—Lozenges of Iodide of Potassium.
SODA—Powder.
TRANCHE LAHAUSSE—Regenerator.
VALLET—Ferruginous Pills.
VICHY—Water.
" Lozenges.
" Chocolate.
" Mineral Salts.
ZUCCANI—Benzine.

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BREURE-PERIN—Vinaigre a la Glycérine.
do Soap Glycerine.
do Paste, do *g. modèle.*
do do do *p. modèle.*
do Perfumed Glycerine.
DR. PIERRE—Dentifrice Water.
do Vinaigre, Toilet Vinegar.
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PRELIMINARY TERM.

A preliminary term will commence on Wednesday, September 18, 1861, and continue until the beginning of the regular term. In addition to daily instruction in the hospital wards, and clinical lectures, at least three lectures will be given daily on subjects of practical importance, by members of the Faculty, during this term. Among the subjects which will be taken up during the preliminary term are the following:—Organic Affections of the Uterus, by Prof. Taylor; Uterine Displacements, by Professor Barker; Inflammatory Diseases of the Uterus and Appendages, by Prof. Elliot; the Thoracic Viscera, by Prof. Gouley; Auscultation and Percussion, by Prof. Flint; Syphilis, by Professor Hamilton; Surgical Affections of the Genito-Urinary Apparatus, by Prof. Wood; Endosmosis and Exosmosis, with their Practical Applications, by Professor Doremus.

The attention of students and practitioners is invited to the variety and practical importance of the subjects which will be treated of during the preliminary term. Although attendance is not required on the part of the student, it is designed to render this term, not a nominal, but an actual extension of the period of instruction.

Dissections may be prosecuted during this term as well as during the whole of the regular term.

REGULAR TERM.

The regular term will commence on Wednesday, October 16, 1861, and end in the early part of March, 1862.

During the regular term the lectures will be so arranged as not to interfere with attendance in the hospital wards. Ample time will be allowed for accompanying the visiting physicians and surgeons in their daily rounds, attending clinical lectures in the hospital amphitheatre, witnessing surgical operations, and autopsical examinations, without conflicting with any of the didactic lectures.

This College, having been established in connexion with the Bellevue Hospital, offers peculiar advantages arising from the fact that the lectures in all the departments of instruction will be given within the hospital grounds. The Professors in all the practical branches being connected with the hospital, either as visiting physicians or surgeons, all the important subjects pertaining to Surgery, Obstetrics, Therapeutics, and the Practice of Medicine can be amply illustrated by cases under observation in the hospital wards, and by autopsical examinations, simultaneously with their consideration in the lecture room; loss of time in going to and from the hospital is saved; the student is always at hand when cases of accident are received, or operations in Surgery and Obstetrics suddenly called for; and there will be no encroachments of didactic and clinical instruction upon each other.

The aim of the Faculty of the College, with the co-operation of the Comsioners of Public Charities and Correction, is to make the immense hospital resources at their disposition, available to the fullest extent for purposes of instruction. In 1860, more than *eleven thousand patients* were received into Bellevue Hospital, and over *four hundred births* took place in this hospital during the year. The large hospital recently erected on Blackwell's Island, will also be open for medical instruction, and students will be conveyed to the Island by the hospital steamer without expense. It may be safely said that the vast field afforded by these Charities for the study of diseases at the bed-side, for witnessing every variety of operations in Surgery, together with the treatment of surgical affections, for the study of morbid anatomy, and the practice of obstetrics, is not surpassed elsewhere in this or any other country.

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Fees for all the lectures during the preliminary and regular terms, $105. Tickets for any of the departments during the regular term may be taken out separately, the fees being proportionate to the number taken.

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Matriculation Fee	$ 5
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The requisites for graduation are, twenty-one years of age; three years study with a regular and reputable practitioner (or practitioners), inclusive of the time of attendance at lectures; two full courses of lectures, the last in this College; proper testimonials of character; an acceptable thesis, and an examination by seven of the Professors in the several departments of instruction.

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Students on arriving in the city are requested to report at once at the office of the College at Bellevue Hospital, situated on the East River, between Twenty-sixth and Twenty-eighth streets.

* It is proper to state that Professor Flint, Jr. is now in Europe, and sufficient time has not yet elapsed to receive an answer to the notification of his appointment in this College.

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